

Name
in
Full

Ruth Alder

CERTIFICATE OF DEATH

Died at *Frostville* ^{Town} *Prince George* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *June* ^{Day} *24* ^{Age} *11* ^{Years} *11* ^{Months} *1* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Ma*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Joseph Alder*

Father's Birthplace *Ma*

Mother's Maiden Name *Addie Dean*

Mother's Birthplace *Ma*

Name of person giving information *Joseph Alder*

How related to deceased *Father*

CAUSES OF DEATH

105-

Primary *Cholera Infantum*

How long *3 days*

Immediate *Collapsus*

How long *few hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

White Building
Frostville
Ma

Accident or Suicide? *Neither*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

(100)



Name
in
Full

Oscar Perry Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

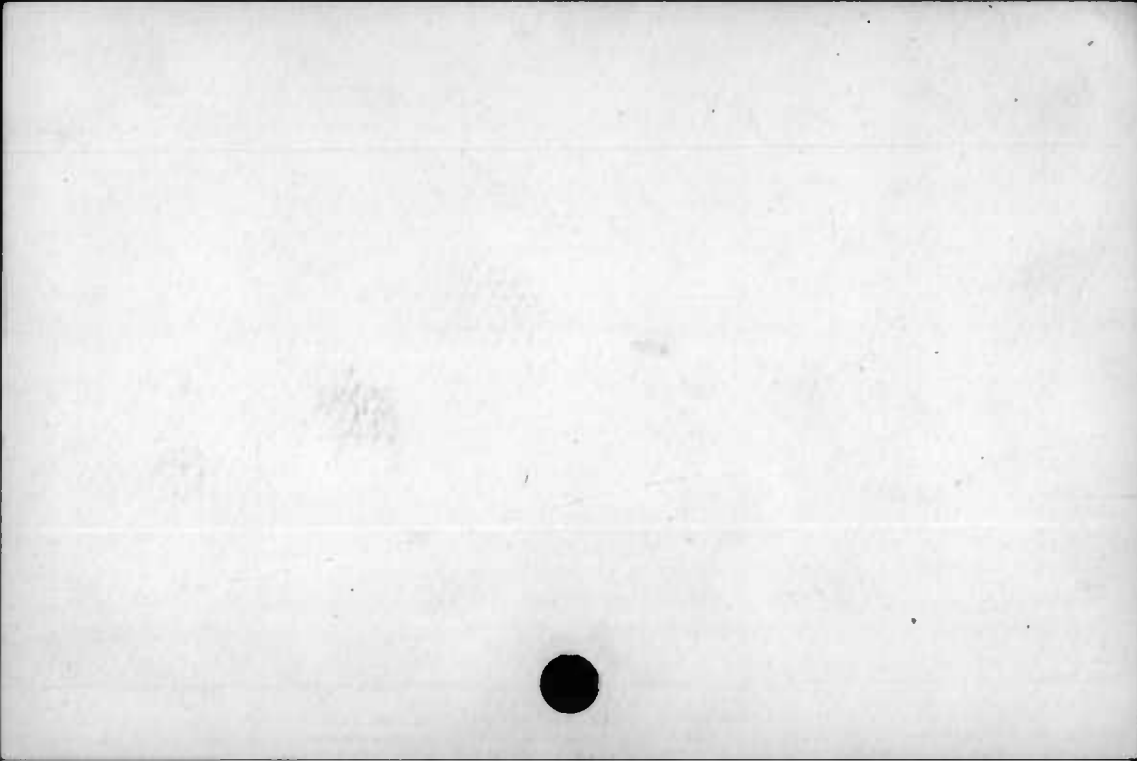
Died at <i>W. Rainier</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>25</i>	Age <i>—</i>	Months <i>16</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>D.C.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Oscar Perry Anderson</i>			Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Edith Paul Smith</i>			Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>Oscar Perry Anderson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>9 days</i>
Immediate <i>Intoxication</i>	How long <i>12h</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelley M.D.</i>
	Address <i>Wt. Rainier Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Joseph Armstrong

Town

County

MARYLAND

Died at

Hyattsville

City

State

Date

1908

Month

June

Day

6

Age

Years

1

Months

6

Days

—

Sex

Male

Color or
Race

white

Birth-
place

M. D.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Francis Armstrong

Father's
Birthplace

Dist. of Columbia

Mother's
Maiden Name

Mary O'Donnell

Mother's
Birthplace

Dist. of Columbia

Name of person giving
In formation

Francis Armstrong

How related
to deceased

Father

CAUSES OF DEATH

47

Primary

Acute Influenza. Rheumatism

How long

Immediate

Cerebro-Spinal Meningitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

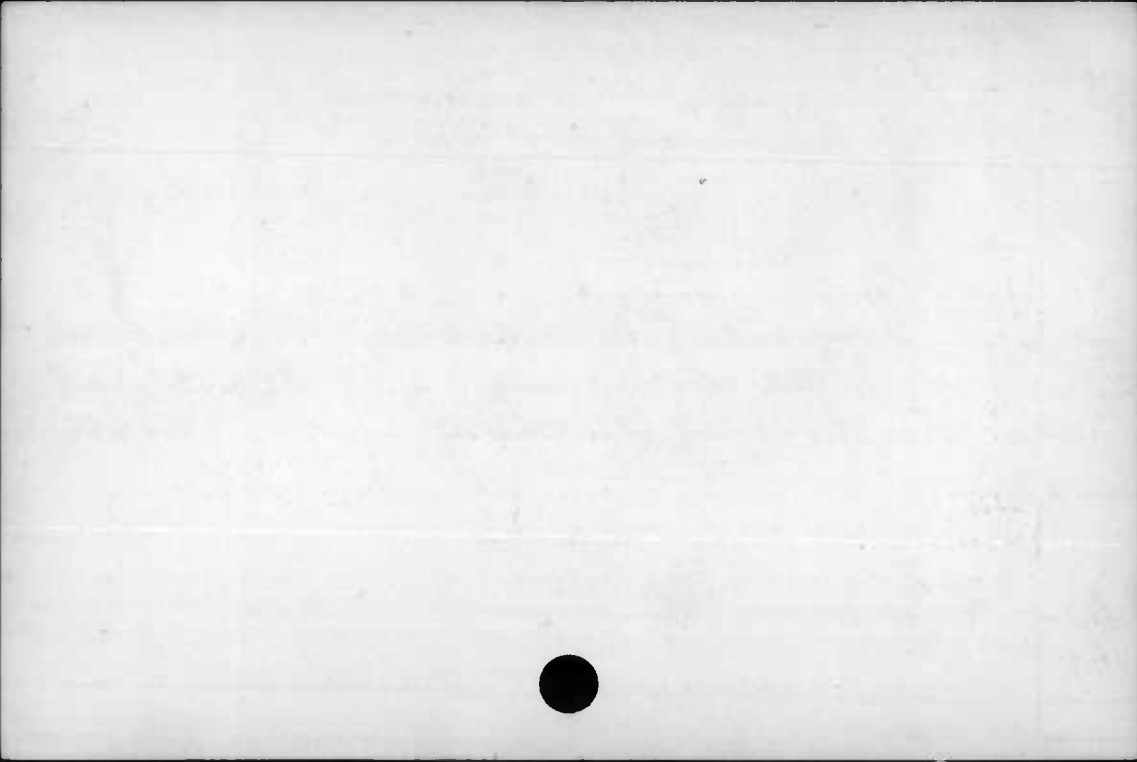
Dr. W. B. Patterson

Hyattsville D. C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Michael J. Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mt. Rainier* *Prince George* County
Date of death *1908* *June* *26* Age *2* Months *2* Days *1*
Sex *male* Color or Race *white* Birth-place *md.*
Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Immediate

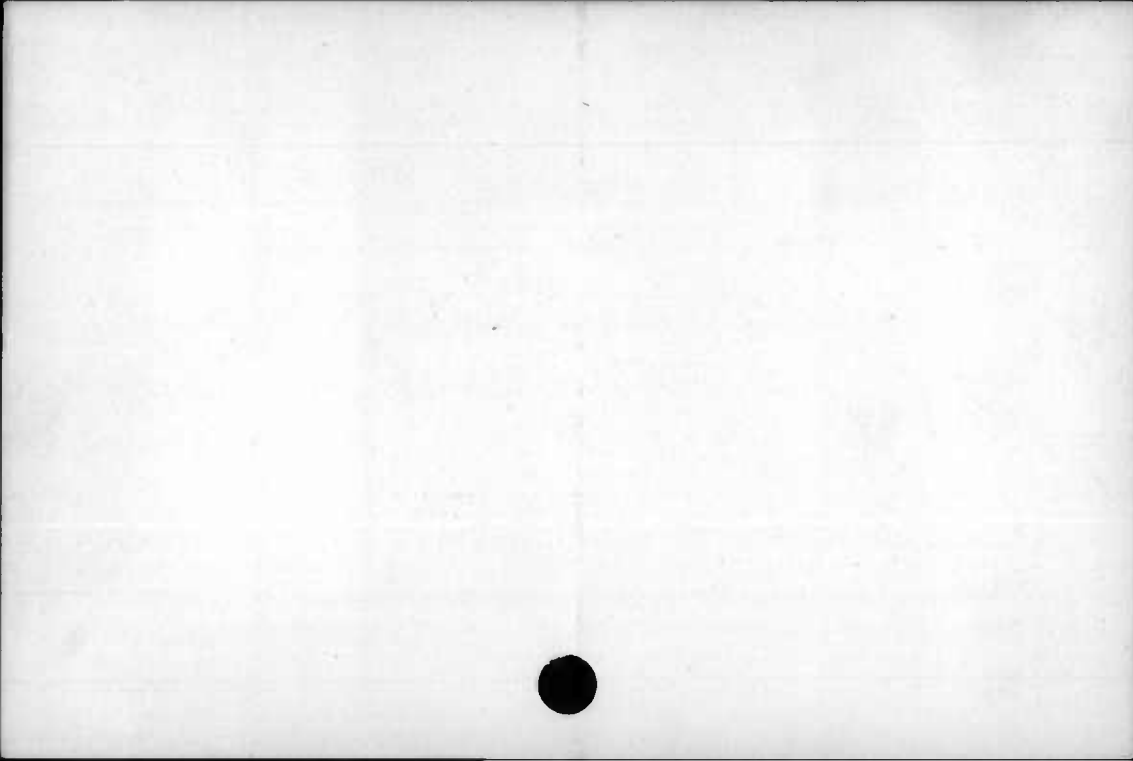
Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

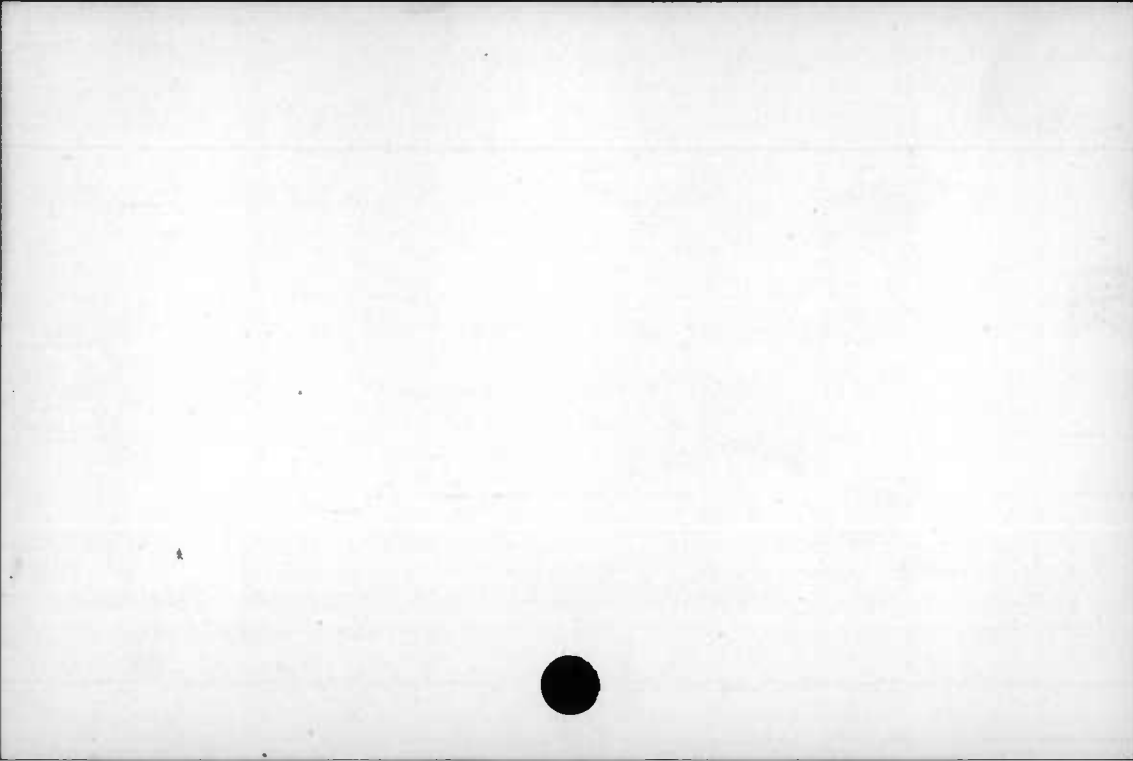
Name in Full <i>Edna Beatrice</i>		Town <i>Suitland</i>		County <i>P. G.</i>		MARYLAND			
Died at		Date of death <i>1908</i>		Month <i>6</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>	Days <i>13</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md.</i>					
Occupation <i>—</i>		Where Residing if not at place of death							
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband							
Father's Name <i>John Hawkins</i>		Father's Birthplace <i>md.</i>							
Mother's Maiden Name <i>H. Littleton</i>		Mother's Birthplace <i>md.</i>							
Name of person giving information		How related to deceased							

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>6 aq.</i>
Immediate <i>✓</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Sansbury</i>
	Address <i>Forestville Md.</i>
Accident or Suicide?	



Name
in
Full

Frank Booz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Upper Marlboro

County P. G.

Date
of death 1908Month
6Day
19

Age

Years
66

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Pr Geo Bo Ind

Occupation

House Servant

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Don't Know

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Don't Know

Name of person giving
Information

Charlton Sasser

How related
to deceased

None

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Gastritis

How long

2 dys

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

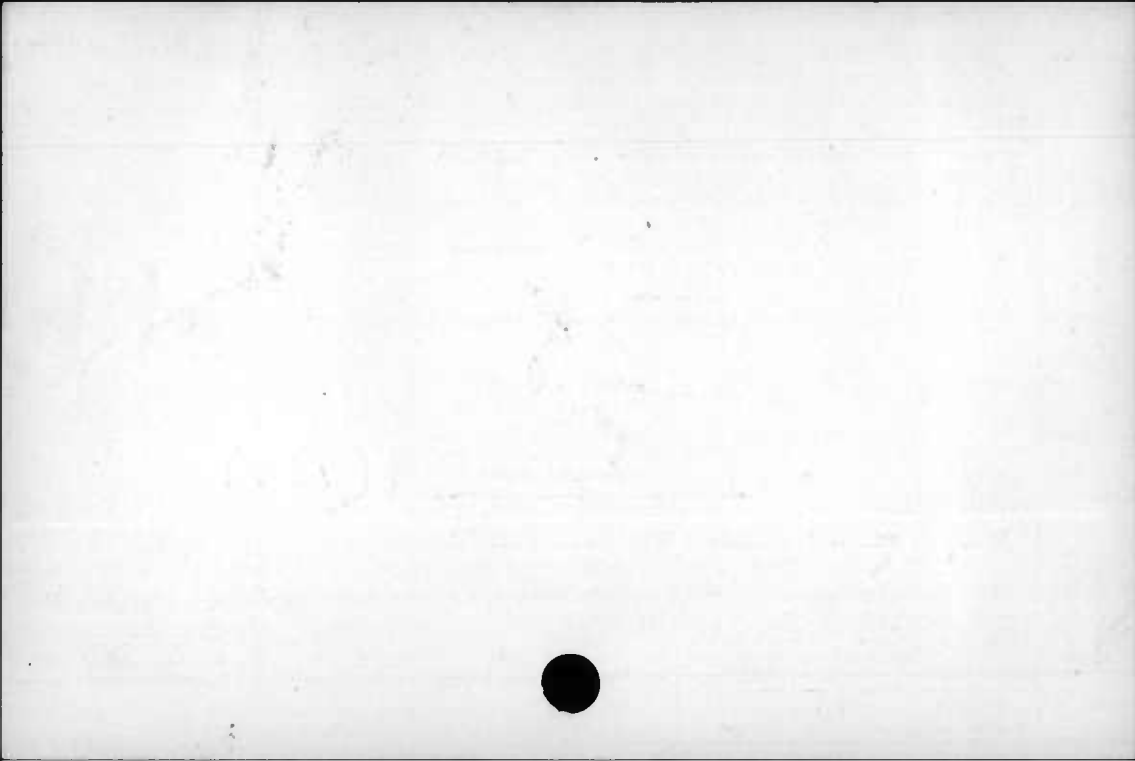
As far as I know

Signature of
Physician

Address

L. A. Griffith
Upper Marlboro
Md

Accident or Suicide?



Name
in
Full

Lindoe Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lakeland		County Pr. Geo.		MARYLAND	
Date of death		1908	Month June	Day 26	Age 19	Years	Months Days
Sex		Male		Color or Race		Colored	
Birth- place		D.C.					
Occupation				Where Residing if not at place of death			
Student							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Spencer Briscoe				Father's Birthplace	
Mother's Maiden Name		Julia Douglass				Maryland	
Name of person giving Information		Spencer Briscoe				Mother's Birthplace	
						How related to deceased	
						Father	

CAUSES OF DEATH

93

PHYSICIAN OR CORONER	Primary	Pneumo - Pneumonia	How long	2 weeks
	Immediate	Cardiac Failure	How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		A. D. Etienne	
	Address		Beverly Md.	
Accident or Suicide?		—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodmore</i> Town		<i>Brown</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Woodmore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>George Brown</i>			Father's Birthplace <i>Chas. Co. Ind.</i>		
Mother's Maiden Name <i>Ida Parker</i>			Mother's Birthplace <i>Ind. Co. Ind.</i>		
Name of person giving information <i>George Brown</i>			How related to deceased <i>His Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. H. Small M.D.</i>	
		Address <i>Springfield Ind.</i>	
Accident or Suicide? <i>No</i>			

Berried at Warrington
by Frank Wood

Name
in
Full

William O Champlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mountain ^{Town}		Gr. Geo. ^{County}		MARYLAND	
Date of death 1908	June ^{Month}	1 ^{Day}	no ^{Years}	11 ^{Months}	3 ^{Days}
Sex Male	Color or Race White	Birth-place Washington DC.			
Occupation None	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Erie A. Champlin	Father's Birthplace N.Y.				
Mother's Maiden Name Anna E. Finch	Mother's Birthplace N.Y.				
Name of person giving information Anna E Champlin	How related to deceased mother				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Enterocolitis	How long 1 wk
Immediate Spinal Meningitis	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Saml. W. B. Atwater M.D.
	Address Hyattsville Md.
Accident or Suicide? Neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Elizabeth Chase</i>		Town <i>Brentwood</i>		County <i>Prince Georges</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>6</i>		Day <i>21</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age		Years <i>7</i>	
Occupation		Birth-place <i>Brentwood</i>		Months		Days <i>10</i>	
Where Residing if not at place of death		Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>H. B. Chase</i>		Father's Birthplace <i>Tamul Md</i>		Mother's Maiden Name <i>Ladie Beam</i>		Mother's Birthplace <i>D C</i>	
Name of person giving information <i>H B Chase</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Shw. colitis</i>		How long <i>2 dys</i>	
Immediate <i>Cardiac Attemia</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry Kelley M.D.</i>	
		Address <i>Mr Rainier Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

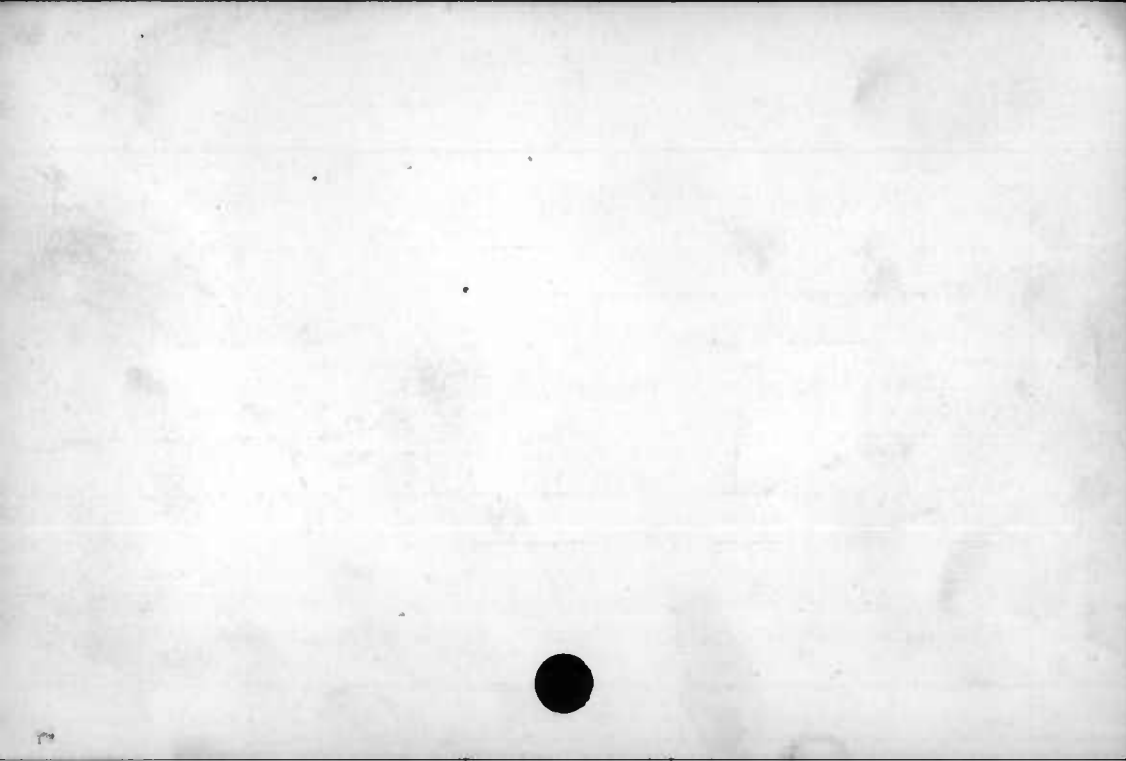
Died at <i>Nathaniel Chittams</i>		Town <i>near Randolph</i>		County <i>Pr George</i>		MARYLAND							
Date of death <i>1908</i>		Month <i>June</i>		Day <i>25</i>		Age <i>—</i>		Years <i>—</i>		Months <i>Four</i>		Days <i>27</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pr Geo Md</i>									
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>William T. Chittams</i>				Father's Birthplace <i>Pr Geo Md</i>									
Mother's Maiden Name <i>Agnes Herbert</i>				Mother's Birthplace <i>" " " "</i>									
Name of person giving information <i>Father (Wm T. Chittams)</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Intense heat & acute indigestion</i>	How long <i>about four (4)</i>
Immediate	<i>Convulsions (rapid)</i>	How long <i>Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. W. Birdwell MD</i>
		Address <i>Nyathville Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDElizabeth Bissel
Starvo Town Infant Asylum County
Died at Bernwyn Md.

MARYLAND

Date of death 190 8 June 20 Age 2. Months Days

Sex Female Color or Race White Birthplace Washington D.C.

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Unknown

Father's Birthplace not known

Mother's Maiden Name Unknown.

Mother's Birthplace " "

Name of person giving Information

How related to deceased

CAUSES OF DEATH

106

Primary Cholera Infantum

How long 2 Weeks

Immediate Asthenia

How long

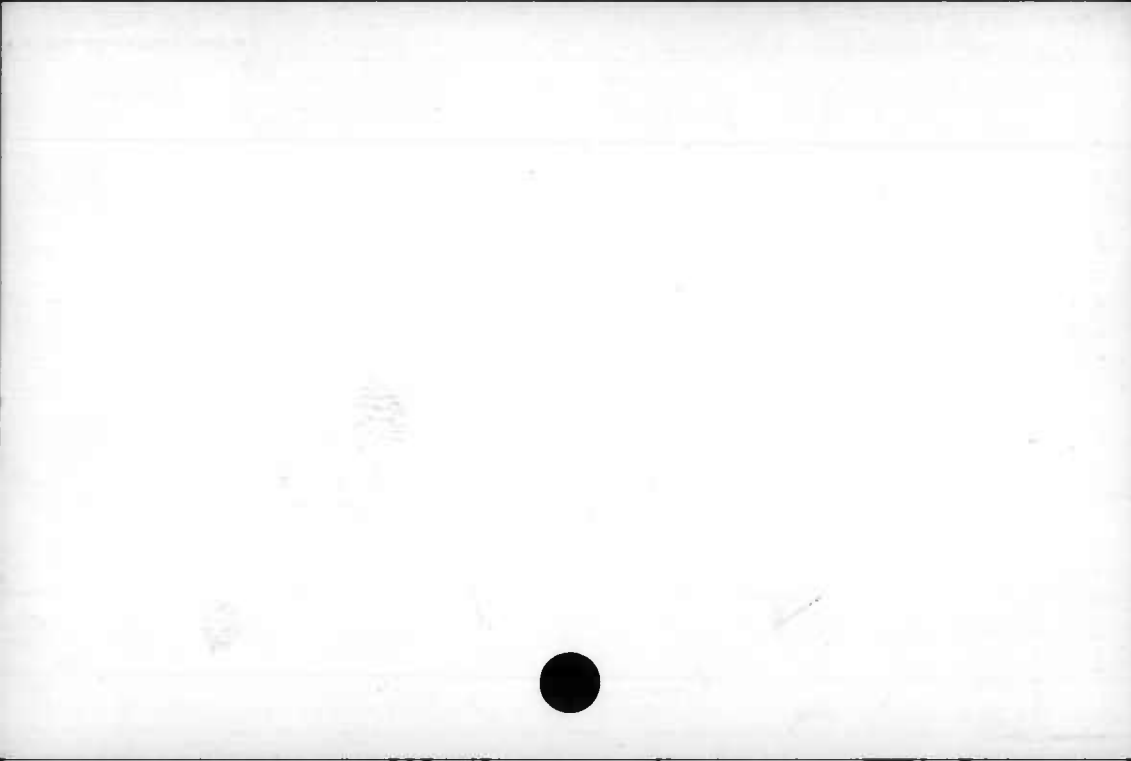
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician A. M. Newman M.D.

Address 2403 Pa Ave NW Washington, D.C.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Annie bole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

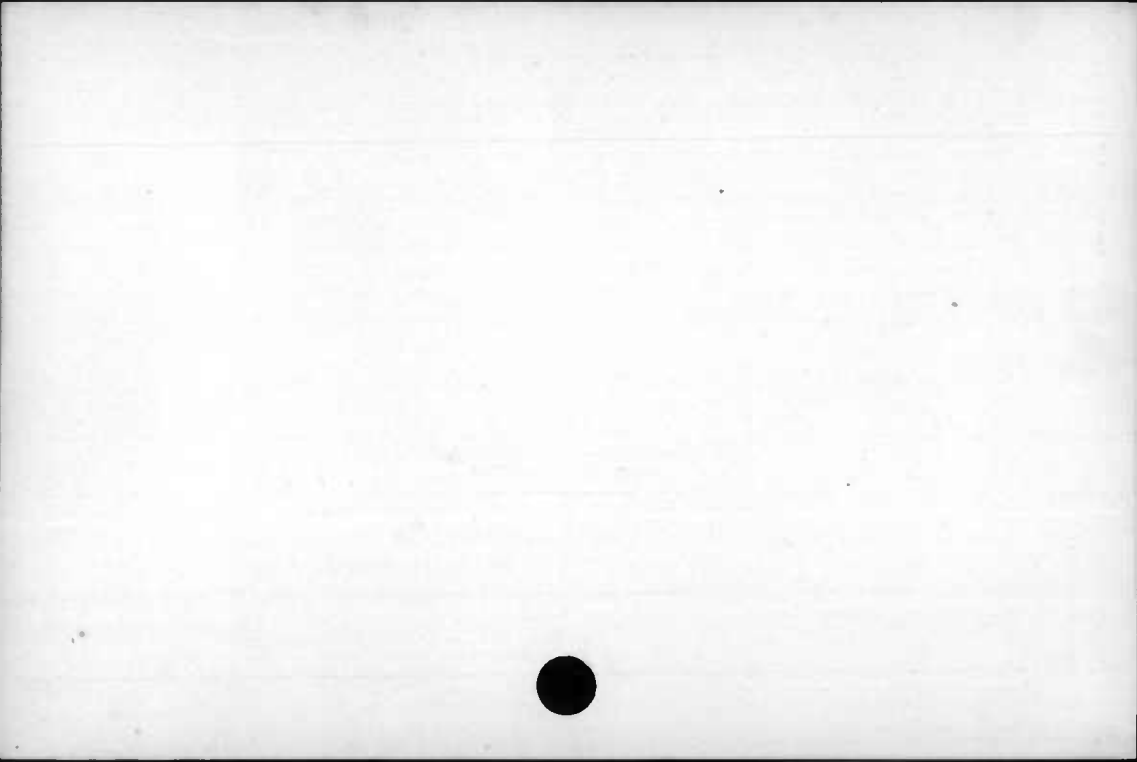
Died at <i>Upper Marlboro</i>		Town <i>P. G.</i>		County <i>P. G.</i>		MARYLAND	
Date of death	1908	Month	6	Day	21	Age	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>P. G. Co Ind</i>		Months <i>9</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank bole</i>		Father's Birthplace <i>St Mary Co Ind</i>					
Mother's Maiden Name <i>Mary O. Barber</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Frank bole</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Don't know</i>	How long	<i>—</i>
Immediate	<i>Don't know</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. E. Smith</i>		
	Address <i>Upper Marlboro Ind</i>		
Accident or Suicide?			



Name
in
Full

John Dellman

CERTIFICATE OF DEATH

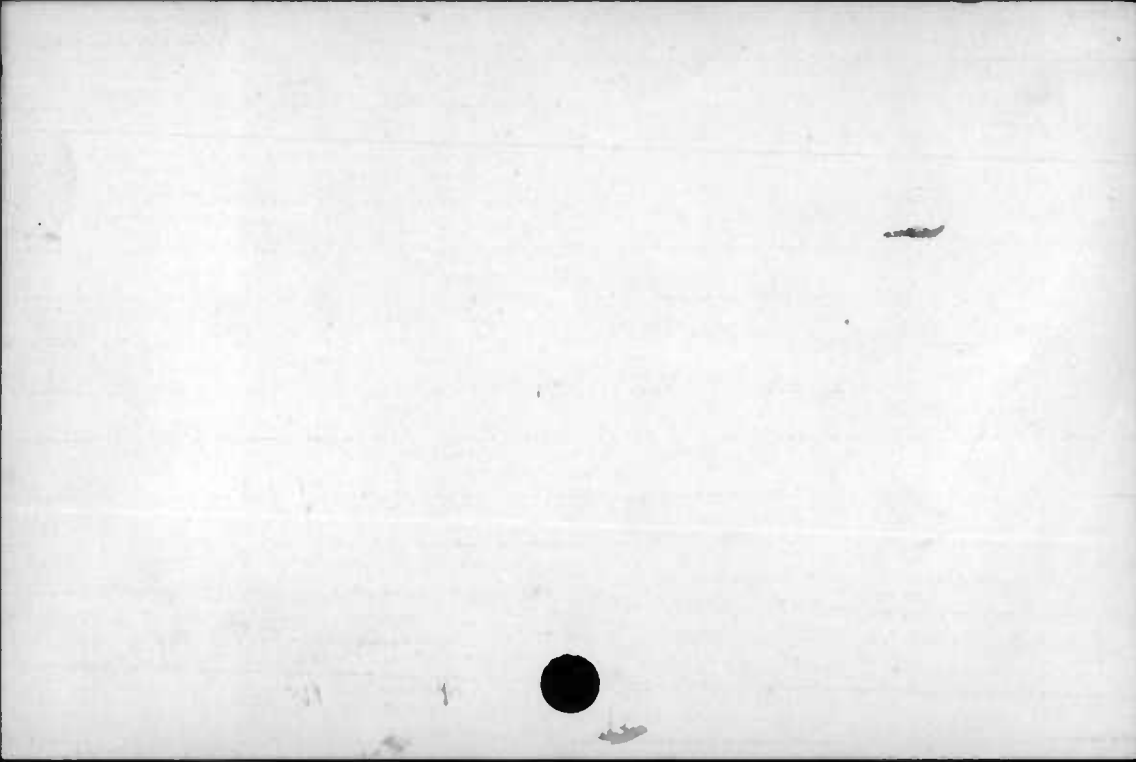
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ammenade</u> Town		<u>Prince Georges</u> County		MARYLAND	
Date of death	1905	Month	June	Day	19
Age		Years	72	Months	-
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Teacher		Where Residing If not at place of death <u>Ammenade</u>		
Married , Single or Widowed	Name of Wife or Husband -				
Father's Name	<u>John Dellman</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Elizabeth Palmer</u>			Mother's Birthplace	"
Name of person giving information	<u>Bro Clementine</u>			How related to deceased	<u>none</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cancer of Rectum</u>	How long	<u>18 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C. A. Fox</u>	
<u>Yes</u>		Address <u>Prince Georges</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ann Farrell</i>		Town <i>Westphalia</i>		County <i>P. Es. Co.</i>		MARYLAND	
Died at <i>Westphalia</i>		Month <i>June</i>		Day <i>10</i>		Age <i>68</i>	
Date of death <i>1908</i>		Years <i>68</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Chas. Co.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Chas. Co.</i>					
Name of person giving information <i>Mrs. Leard</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>for years</i>
Immediate <i>General debility</i>	How long <i>16 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E. Samsbury, M.D.</i>
	Address <i>Frostville, Md.</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nollie Norton*

Died at *Rosecroft* Town *Pr Geo* County

Date of death *1908* Month *6* Day *15* Age *29* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Md.*

Occupation *Housework* Where Residing if not at place of death *Wash. D.C.*

Married, ~~Yes~~ Name of ~~Wife or~~ Husband *Rowley Norton*

Father's Name *John Brown* Father's Birthplace *Md.*

Mother's Maiden Name *Sarah J. Connor* Mother's Birthplace *Md.*

Name of person giving information *John Brown* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *9 mo*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Geo

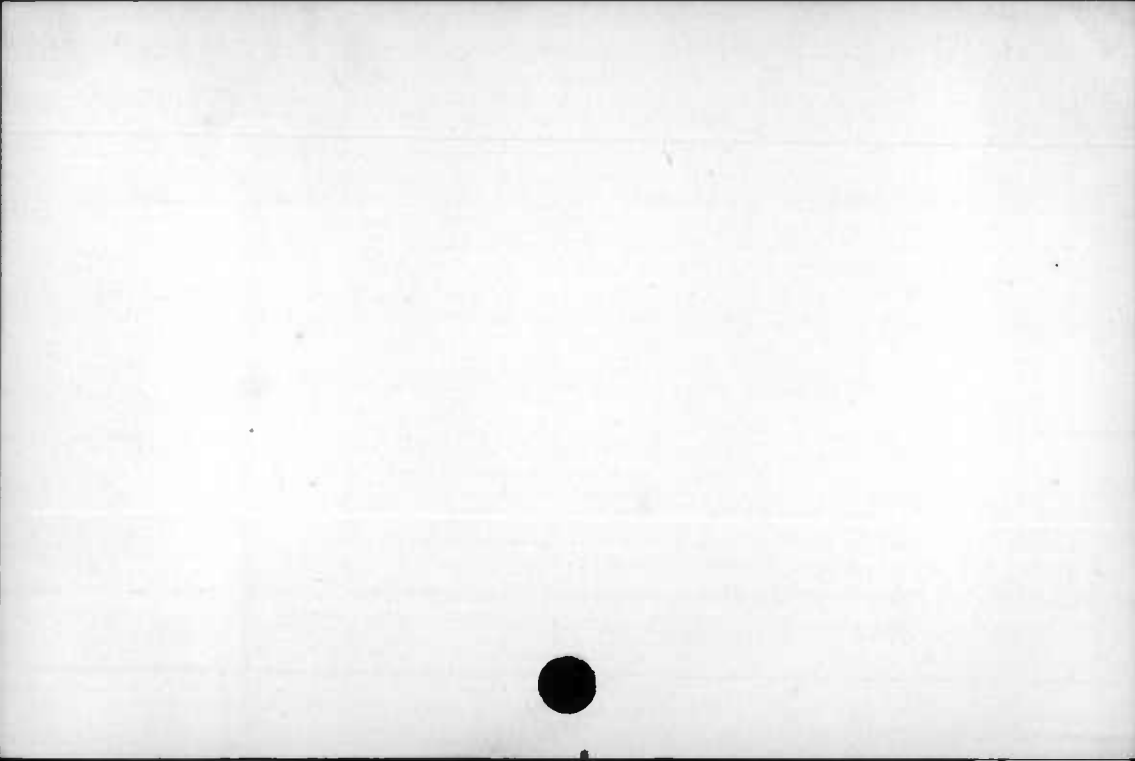
Signature of Physician

E. P. Simpson Md

Address

Rosecroft Md

Accident or Suicide?



Name
in
Full

Gabriel Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Upper Marlboro^{County} Prince Georges

MARYLAND

Date
of death 1908

Month 6

Day 20

Age

Years —

Months 10

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George Ireland

Father's
Birthplace

Md

Mother's
Maiden Name

Ellenora Jackson

Mother's
Birthplace

Md

Name of person giving
In formation

Ellenora Jackson

How related
to deceased

Wife

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

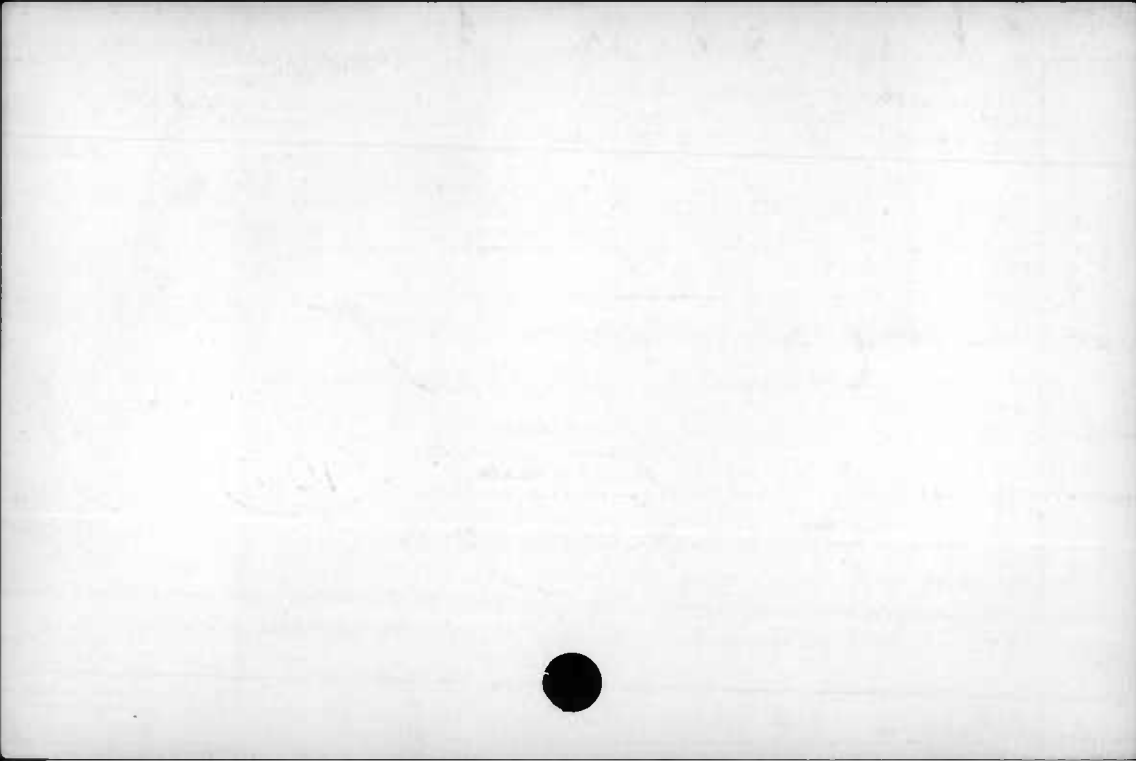
Yes

Signature of
Physician

Address

Reneardy D. Sasser
Upper Marlboro

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

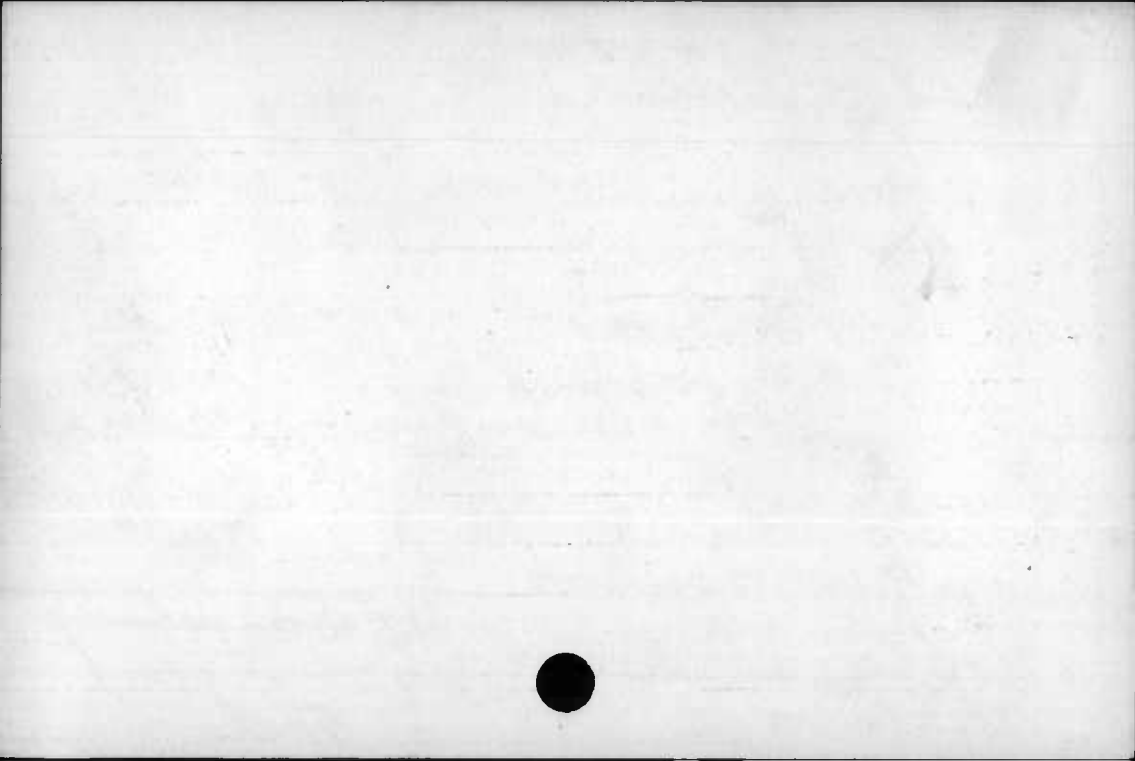
Name in Full James Gray		Town Bowie		County Prince Georges		MARYLAND	
Died at		Date of death		Month		Days	
		1908		June		14	
Sex male		Color or Race Colored		Age 1		Years 1	
Birth-place Maryland		Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Herskiah Gray		Father's Birthplace Maryland		Mother's Name Matha Shorter		Mother's Birthplace Maryland	
Name of person giving information Jacob Shorter		How related to deceased Grand Father					

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary Measles, & Pneumonia		How long 2 weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Nelson A. Ryan M.D.	
		Address Bowie	
Accident or Suicide? No		Ind	



Name
in
Full

Infant Gross

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Seat Pleasant ^{County} P.G.

Date of death 1908 June 24 Age — Months 6 — Days —

Sex male Color or Race Black Birth-place Md

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name George Gross

Father's Birthplace Md

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information John Snowden

How related to deceased none

CAUSES OF DEATH

105

Primary Summer Complaint

How long 1 week

Immediate Marasmus

How long

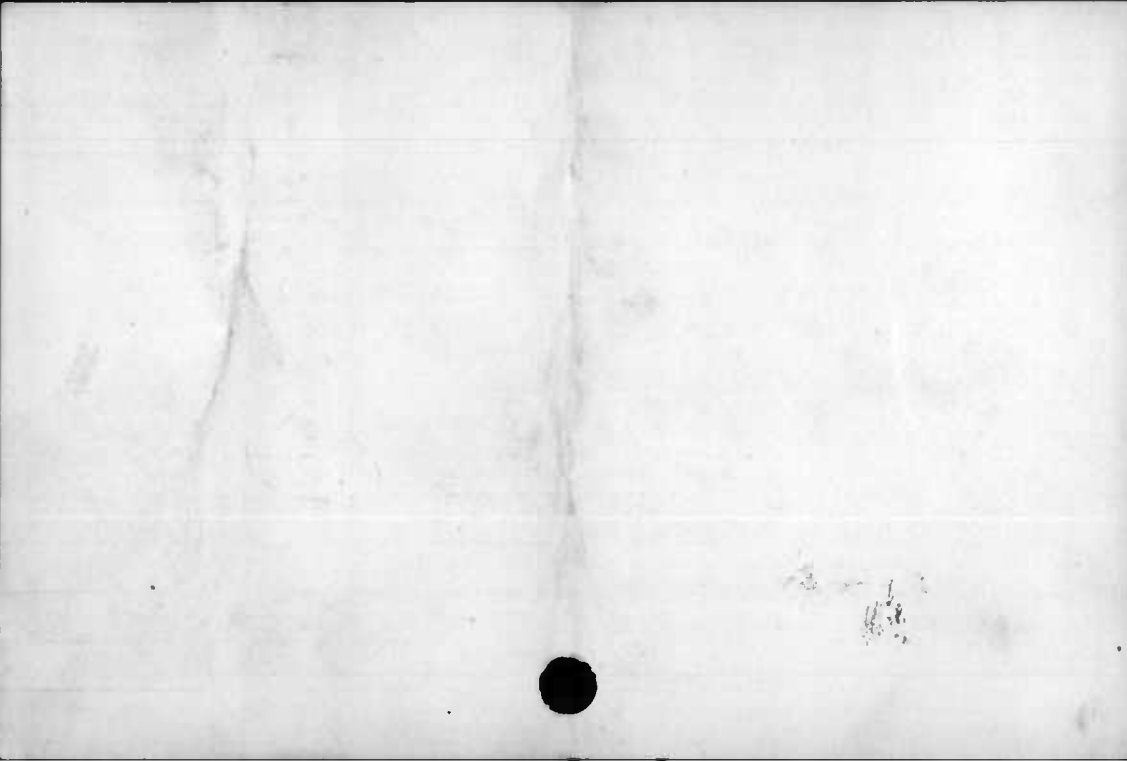
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

No physician in attendance

J. B. Sawshup
Forestville
Md.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

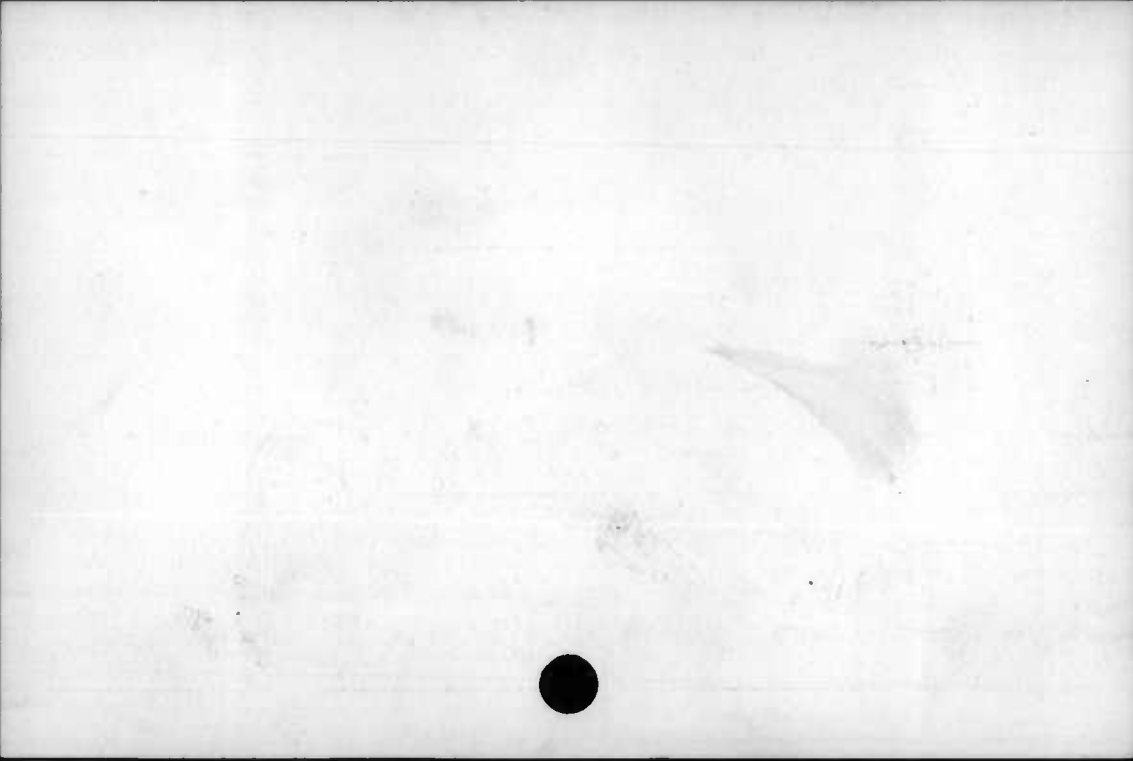
Died at Gwynn Harris Town Hyattsville		County Prince George		State MARYLAND	
Date of death 1908	Month June	Day 22	Age 75	Months -	Days -
Sex Male	Color or Race white	Birth-place md			
Occupation garment clerk	Where Residing if not at place of death _____				
Married, Single or Widowed married	Name of Wife or Husband Susan A Harris				
Father's Name Wm A Harris	Father's Birthplace md				
Mother's Maiden Name Ann Skidmore	Mother's Birthplace va				
Name of person giving information Susan A Harris	How related to deceased wife				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis	How long 3 years
Immediate uraemia	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Isabel W. Hattin
	Address Hyattsville md
Accident or Suicide? neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary M Harrison

Died at ^{Town} Bowie^{County} Prince George

MARYLAND

Date of death 1908 June

Day 26

Age Years 35

Months

Days

Sex Female

Color or Race Colored

Birth-place Maryland

Occupation House wife

Where Residing if not
at place of death

Married, Single or Widowed married

Name of Wife or
Husband

William H Harrison

Father's Name Miles Fairfax

Father's Birthplace Virginia

Mother's Maiden Name Harriet Jackson

Mother's Birthplace Virginia

Name of person giving
information William H HarrisonHow related
to deceased Husband

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary Puerperal Convulsion

How long 24 hours

Immediate Coma

How long " "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

William A. Ryons
Bowie

Accident or Suicide?

no

md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Henry Harrison</i>		Town <i>near Queen Anne</i>		County <i>Prince Georges</i>		MARYLAND	
Died <i>1908</i>		Month <i>June</i>		Day <i>7th</i>		Age <i>30</i>	
Date of death		Month		Day		Years	
Sex <i>Male</i>		Color or Race <i>colored. blk.</i>		Birth-place <i>Prince Georges Co.</i>			
Occupation <i>Driver of wagon in Balt.</i>				Where Residing if not at place of death <i>Been living in Balt. Md.</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Truman Harrison</i>		Father's Birthplace <i>Pr. Geo. Co.</i>					
Mother's Maiden Name <i>Emily Holland</i>		Mother's Birthplace <i>Pr. Geo. Co.</i>					
Name of person giving information <i>Truman Harrison</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs & Larynx.</i>		How long Patient's staying <i>6 mos.</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. R. Dufour</i>	
		Address <i>Mitchellville, Md.</i>	
Accident or Suicide?		<i>R.F.D. 11th 2.</i>	



Name
in
Full

Richard W. Hallen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Clinton Town P.E. County
Date of death 1908 Month June Day 17 Age 6 Years 5 Months 5 Days
Sex male Color or Race Birth-place
Occupation Infant Where Residing if not at place of death At home
~~Married~~ Single Name of Wife or Husband

Father's Name Richard Hallen Father's Birthplace Ind
Mother's Maiden Name Jennie Wignall Mother's Birthplace Ind
Name of person giving information Wice, Wignall How related to deceased S. Father

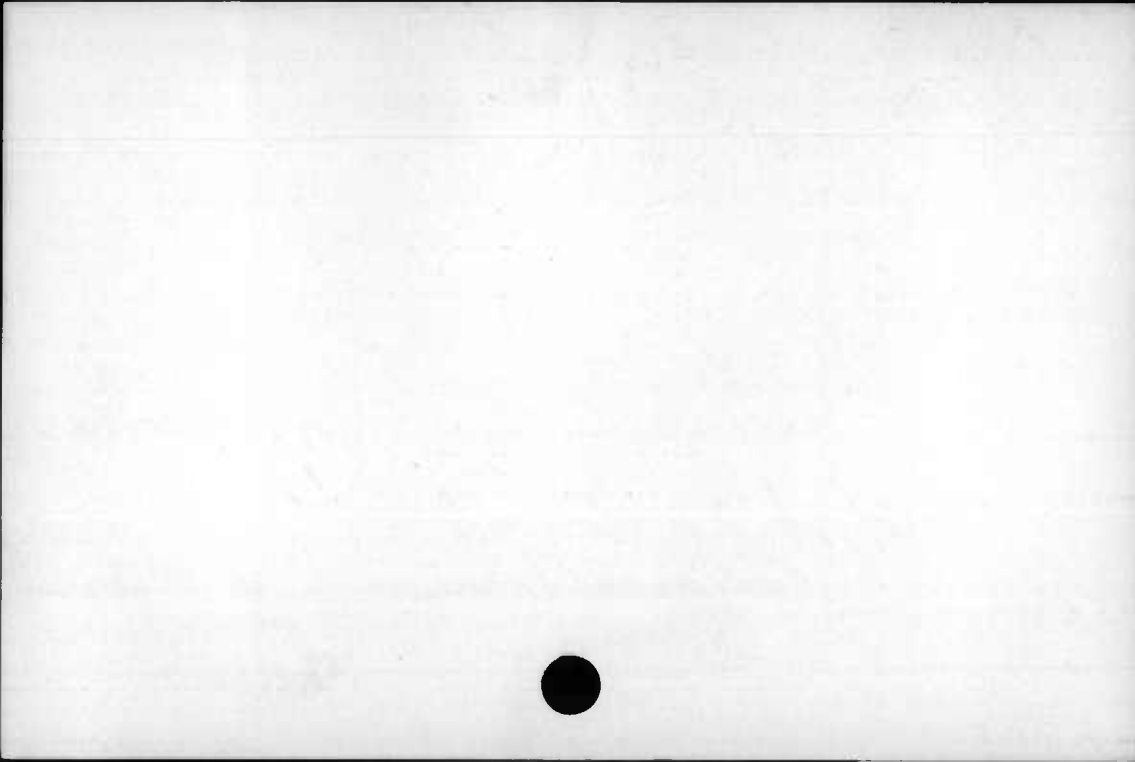
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping cough, debility How long 4 weeks
Immediate Exhaustion How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. L. Waring
Address Clinton

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1908		June	14	Age	7 mo	13
Sex	Female	Color or Race	black	Birth-place	Md.	
Occupation	none			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband				
single		—				
Father's Name		John Hankins		Father's Birthplace		Md.
Mother's Maiden Name		Aunnie Littleton		Mother's Birthplace		Md.
Name of person giving information		Aunnie Littleton		How related to deceased		Mother

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

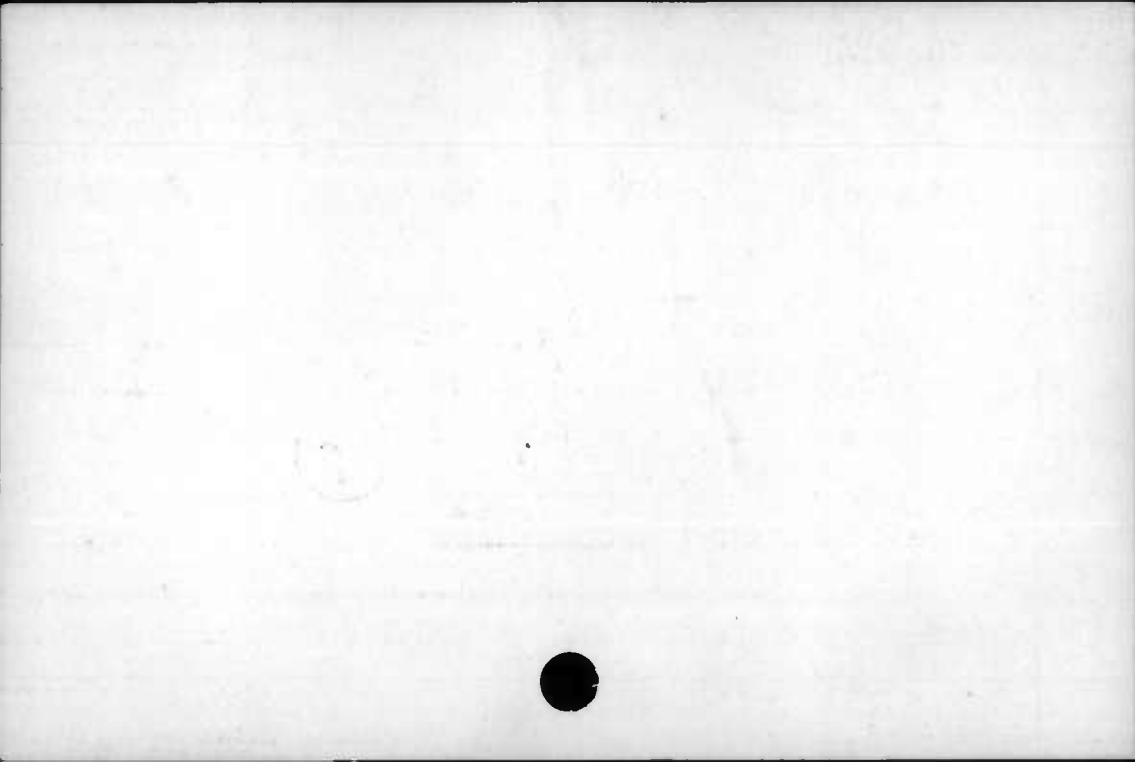
How long

How long

Signature of Physician

Address

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
•
NEAREST FRIEND

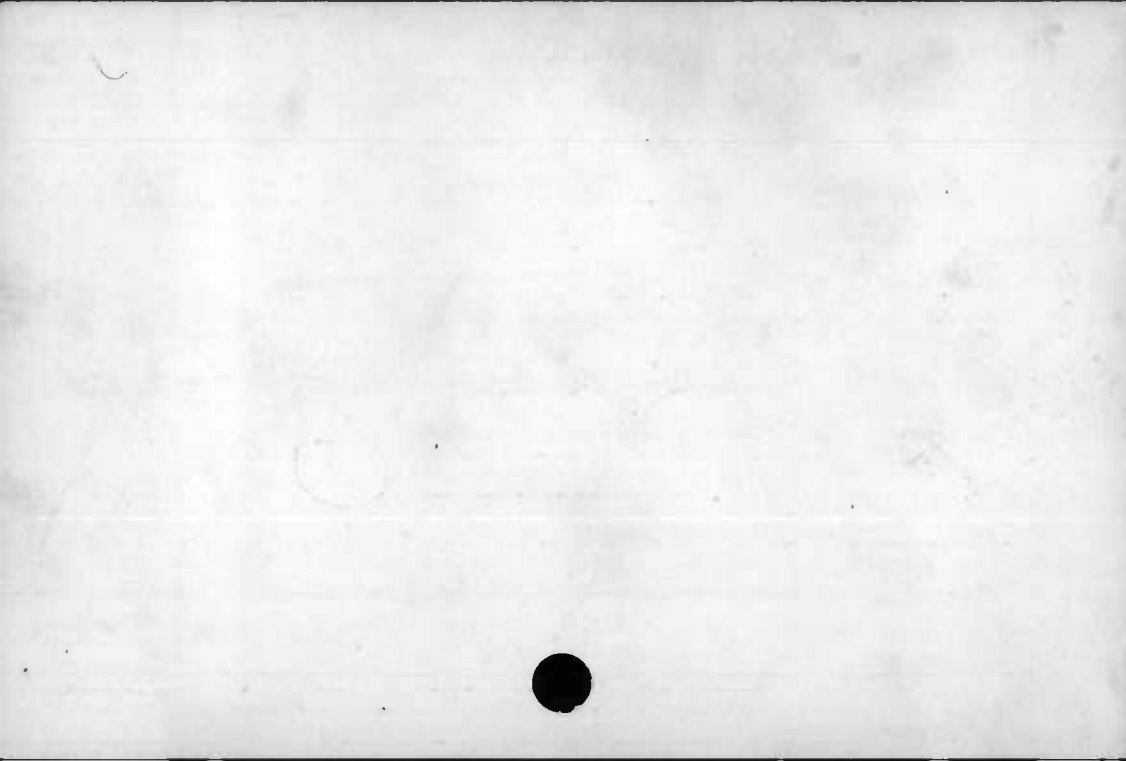
Name in Full <i>Mabel Estelle Hawkins</i>		Town <i>Swinsland</i>		County <i>Prince George</i>		MARYLAND	
Died at		Date of death 190 <i>8</i>		Month <i>6</i>		Day <i>12</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Age <i>7</i>		Years <i>1</i>	
Birthplace <i>md</i>		Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Maiden, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John E. Hawkins</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Annie Littleton</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Annie Littleton</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>unknown</i>		How long <i>unknown</i>	
Immediate <i>suppose whooping cough</i>		How long <i>unknown</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>	
Address <i>no shipyard in audience</i>		Address <i>Braswell, T. md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Mabel Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

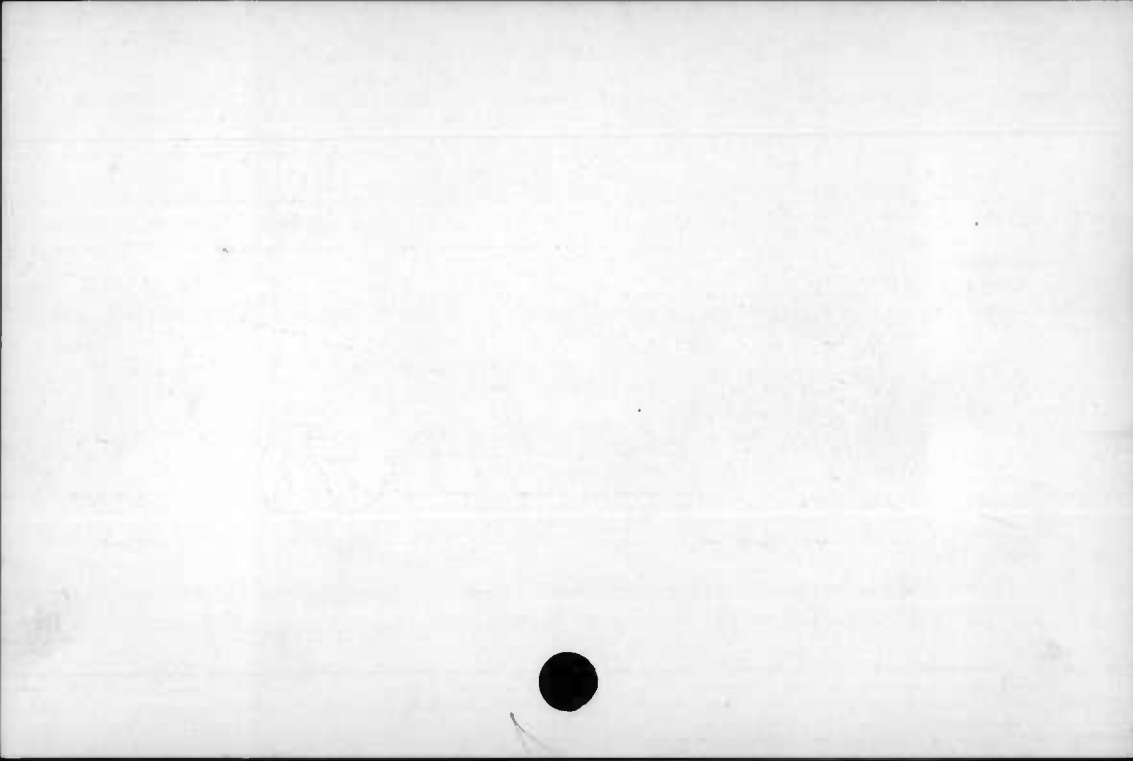
Died at		Suittland		Pr. Co.		County		MARYLAND							
Date of death		1907		June		11		Age		8		Months		Days	
Sex		Female		Color or Race		Colored		Birth-place		Suittland					
Occupation		None		Where Residing if not at place of death											
Married, Single or Widowed		Single		Name of Wife or Husband											
Father's Name		John Hawkins		Father's Birthplace		Kent Dis.									
Mother's Maiden Name		Annie Lockett		Mother's Birthplace		Trigunia									
Name of person giving information		John Hawkins		How related to deceased		Father									

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		Unknown		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John E. Lawrence			
		Address		Forestreet			
				Ma			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

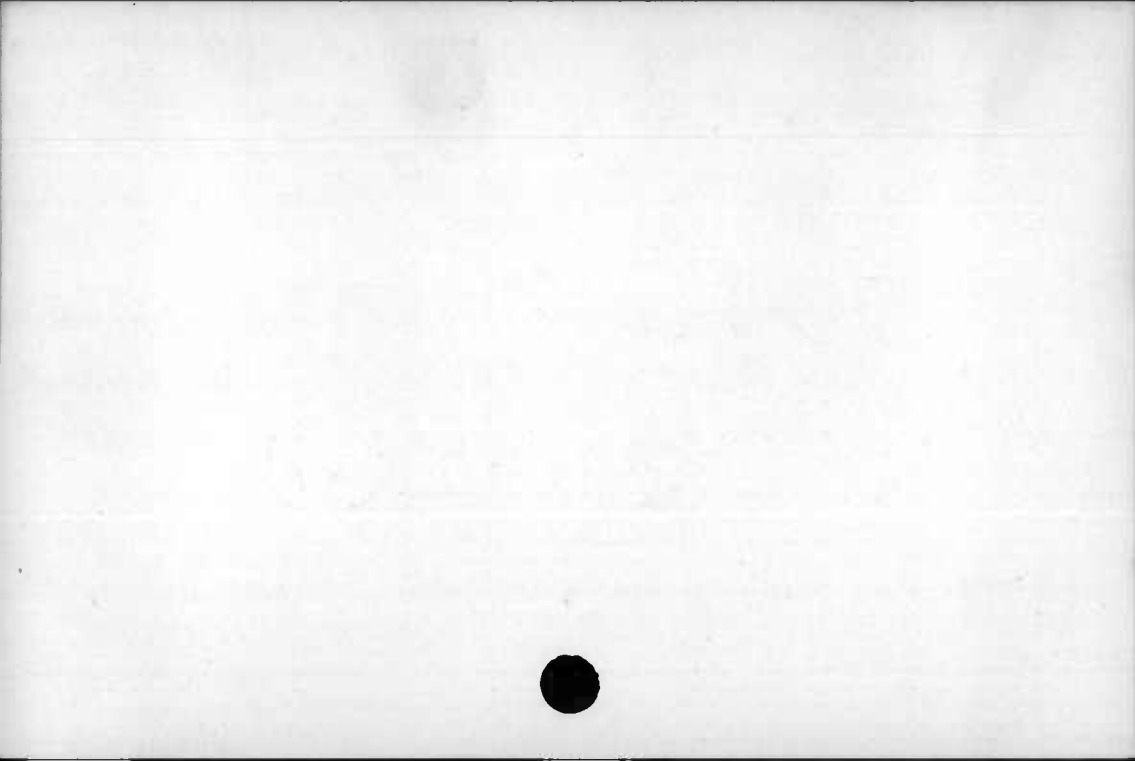
Name *Joseph Hinson*
Died at *Whittier road* *P. G. Co.* *P. G. Co.*
Date of death *1908* *6* *9* *9* *9*
Sex *Male* Color or Race *Colored* Birthplace
Occupation Where Residing if not at place of death
☒ Married, Single or Widowed Name of Wife or Husband
Father's Name *Unknown* Father's Birthplace
Mother's Maiden Name *11* Mother's Birthplace
Name of person giving information How related to deceased

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary *Tubercular* How long
Immediate *Perforations* How long
Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. D. Mudd*
Address *Anacostia*
D.C.
Accident or Suicide?



Name
in
Full

Louisa Knobloch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Beavon</i> Town		<i>Pr. Geo.</i> County			
Date of death	<i>1908</i>	Month	<i>June</i>	Day	<i>16</i>
Age	<i>62</i>	Years	<i>8</i>	Months	<i>16</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Chas Wm Knobloch</i>		
Father's Name	<i>Don't Know</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Don't Know</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>William Schuchlock</i>		How related to deceased	<i>Low. J</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>menstrual Hemorrhage</i>	How long	<i>1 hour</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. D. Eimmer</i>
		Address	<i>Beavon</i>
Accident or Suicide?	<i>—</i>		<i>md</i>



Name
in
Full

Margaret Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

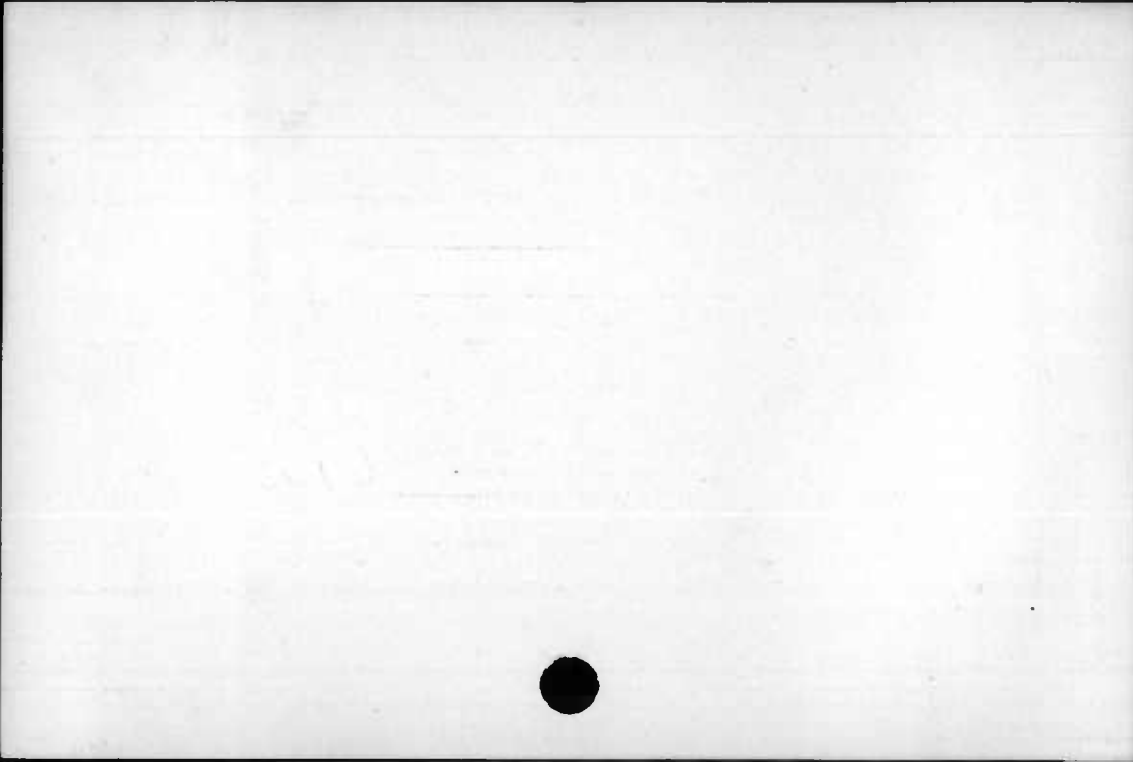
Died at		Town Petersburg		County Prince George		MARYLAND	
Date of death		1908	Month 6	Day 24	Age —	Years —	Months 4
Sex Female		Color or Race colored		Birthplace Md.			
Occupation child		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Winfield Lewis				Father's Birthplace Md.	
Mother's Maiden Name		Anna Lewis				Mother's Birthplace Md.	
Name of person giving information		Winfield Lewis				How related to deceased Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	1 day
Immediate	Convulsions	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. P. Simpson	
Address		Pocahontas	
Accident or Suicide?			



Name
in
Full

Mr Name (Loro)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

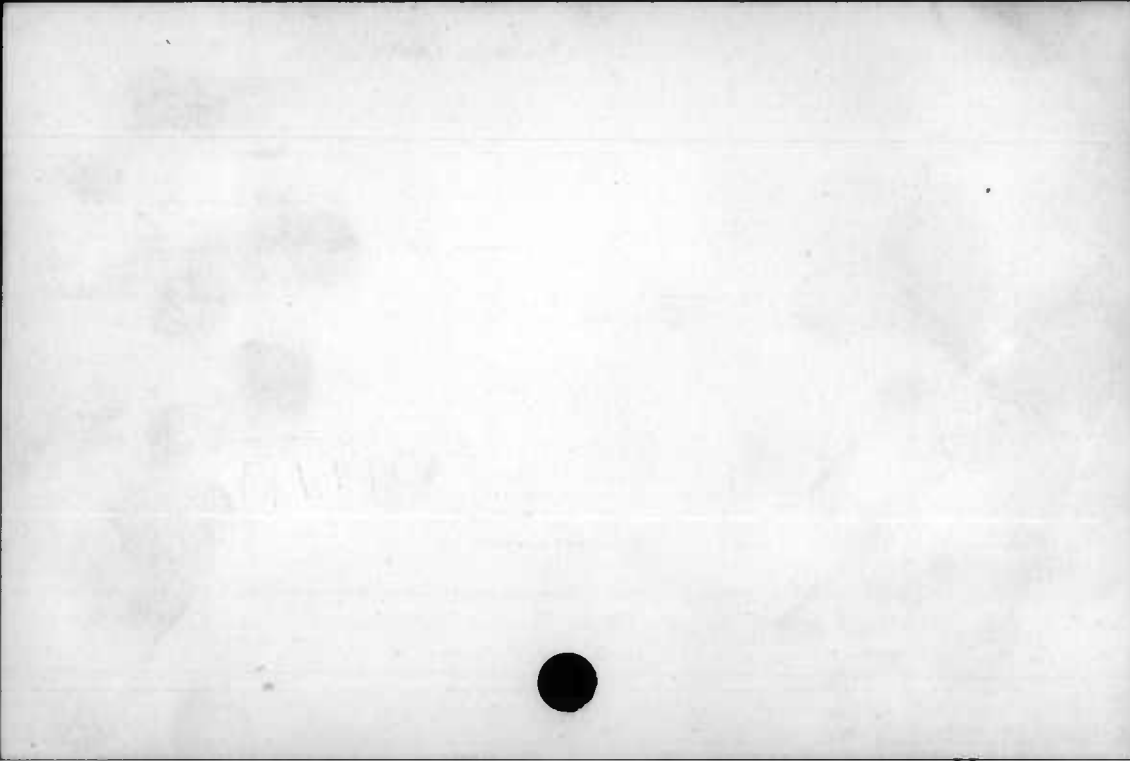
Died at <i>Danville Park</i>		Town <i>Danville</i>		County <i>Sevier</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>June</i>	Day <i>2nd</i>	Age <i>30 years</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Danville Park</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>In residence</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Joseph Loro</i>				Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Annie T. Baker</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>R. B. Luskstone M.D.</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>	How long <i>Not Known</i>
Immediate <i>Not Known</i>	How long <i>Not Known</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. B. Luskstone M.D.</i>
<i>As far as I know,</i>	Address <i>Permy. Ind.</i>
Accident or Suicide?	



Name
In
Full

Mary Teresa McDermott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

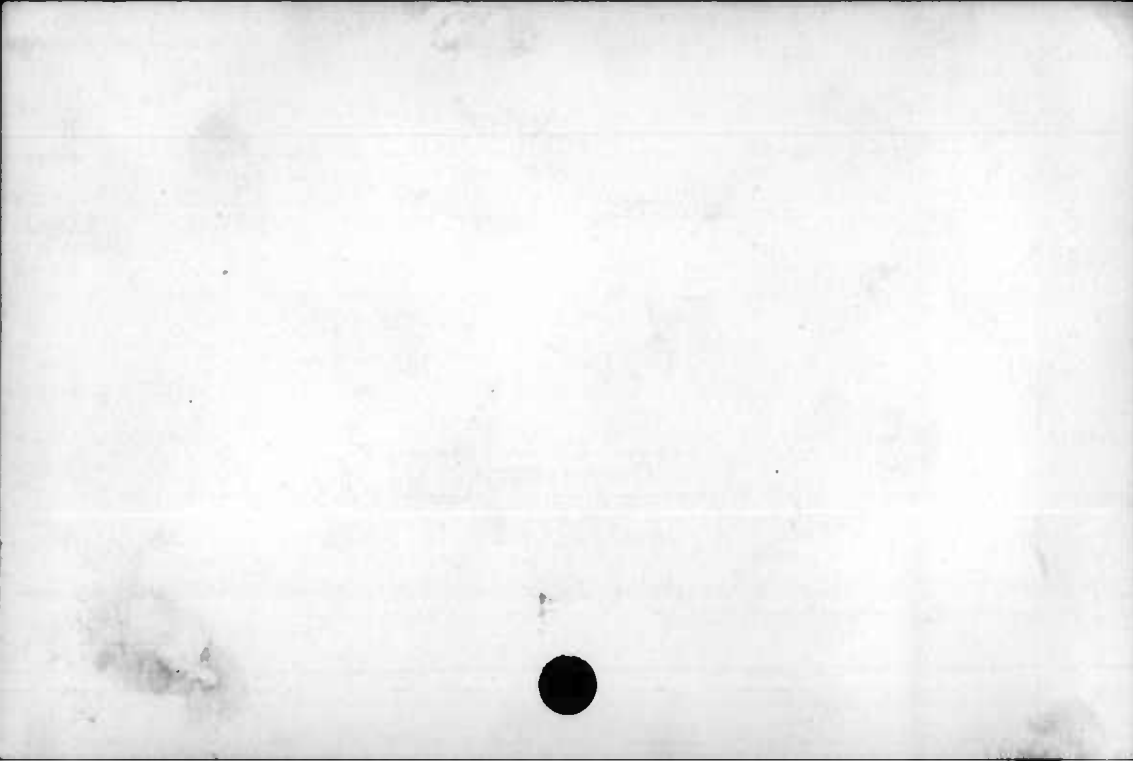
Died at <i>Bladensburg</i>		County <i>Prince George</i>		MARYLAND	
Date of death	Month <i>June</i>	Day <i>25</i>	Age <i>2</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Raymond McDermott</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Rosa Alberta Abergale</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Raymond McDermott</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Drowning</i>	How long _____
Immediate	_____	How long _____
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Augustus H. Dahler</i>
		Address <i>Eding Coroner</i>
Accident or Suicide?	<i>Accident</i>	<i>Bladensburg Md</i>



Name
in
Full

Eunice Irlene Margerum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

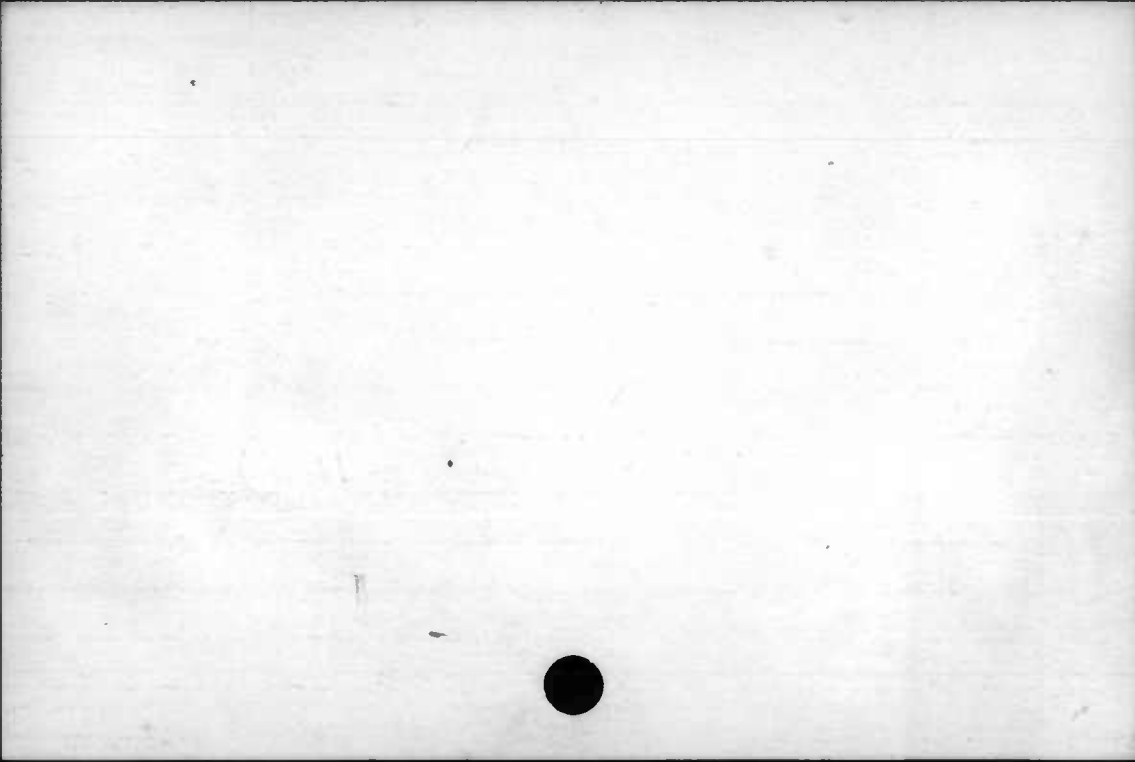
Died at <i>Brandsford</i>		Town <i>Brandsford</i>		County <i>P. Geo.</i>		MARYLAND							
Date of death <i>1908</i>		Month <i>June</i>		Day <i>16</i>		Age <i>—</i>		Years <i>—</i>		Months <i>4</i>		Days <i>22</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Balto. Md.</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Barton Margerum</i>						Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Fannie Beckwith</i>						Mother's Birthplace <i>Md</i>							
Name of person giving information <i>Barton Margerum</i>						How related to deceased <i>Father</i>							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>10 days</i>	
Immediate <i>Transition</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. P. Etienne</i>	
		Address <i>Berwyn Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

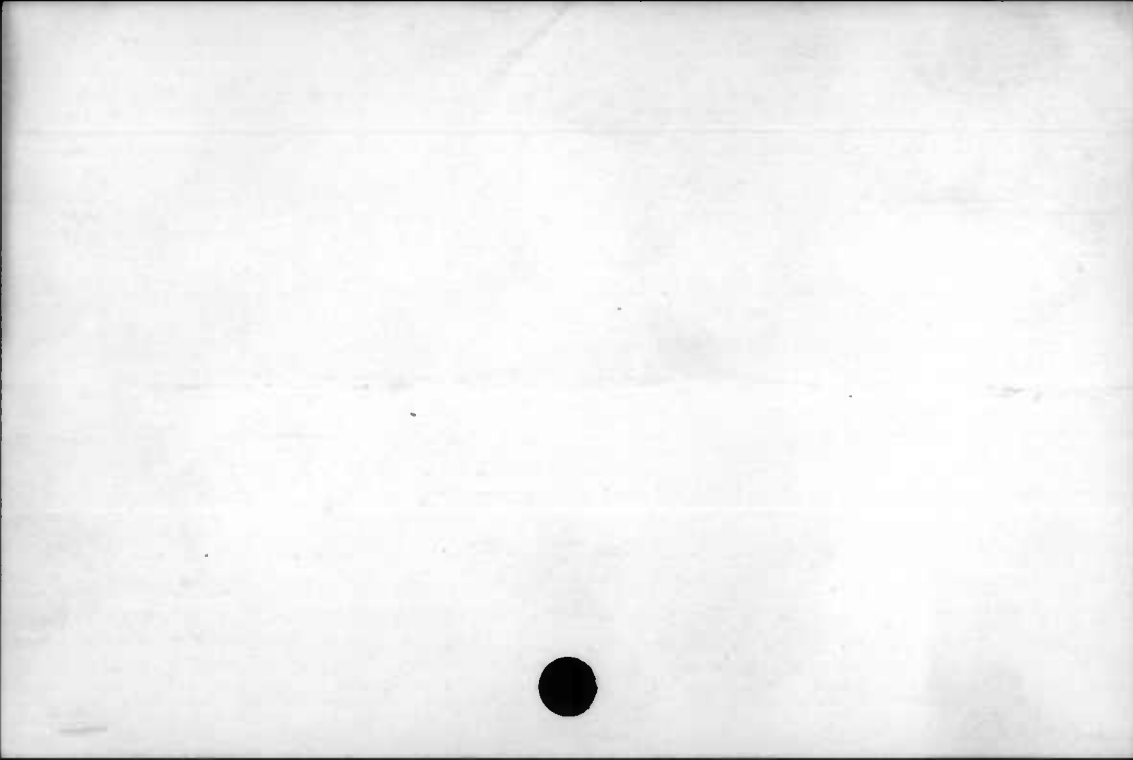
Died at New Glatz <small>Town</small>		Prince <small>County</small>			
Date of death 1908 <small>Month</small> June <small>Day</small> 19		Age 2 <small>Years</small>		Months 5 <small>Days</small>	
Sex Female		Color or Race White		Birth-place New Glatz Pr-d	
Occupation Child		Where Residing if not at place of death New Glatz Pr-d			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Adrian T. Mattingley		Father's Birthplace Pr-d			
Mother's Maiden Name Emma Simpson		Mother's Birthplace Pr-d			
Name of person giving information Henry Mattingley		How related to deceased Uncle			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum		How long two weeks	
Immediate Asthenia		How long one week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Parker M.D.	
		Address Congress Heights D.C.	
Accident or Suicide?			



Name
in
Full

Ella Francis Munson.

CERTIFICATE OF DEATH

MARYLAND

Died at *near Pricataway* ^{Town} *Pr Geo* ^{County}Date of death *1908* ^{Month} *June* ^{Day} *4* ^{Years} *Age* ^{Months} *11* ^{Days}Sex *Female* Color or Race *Colored* Birth-place *Pr. Geo Co. Md*Occupation *.* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

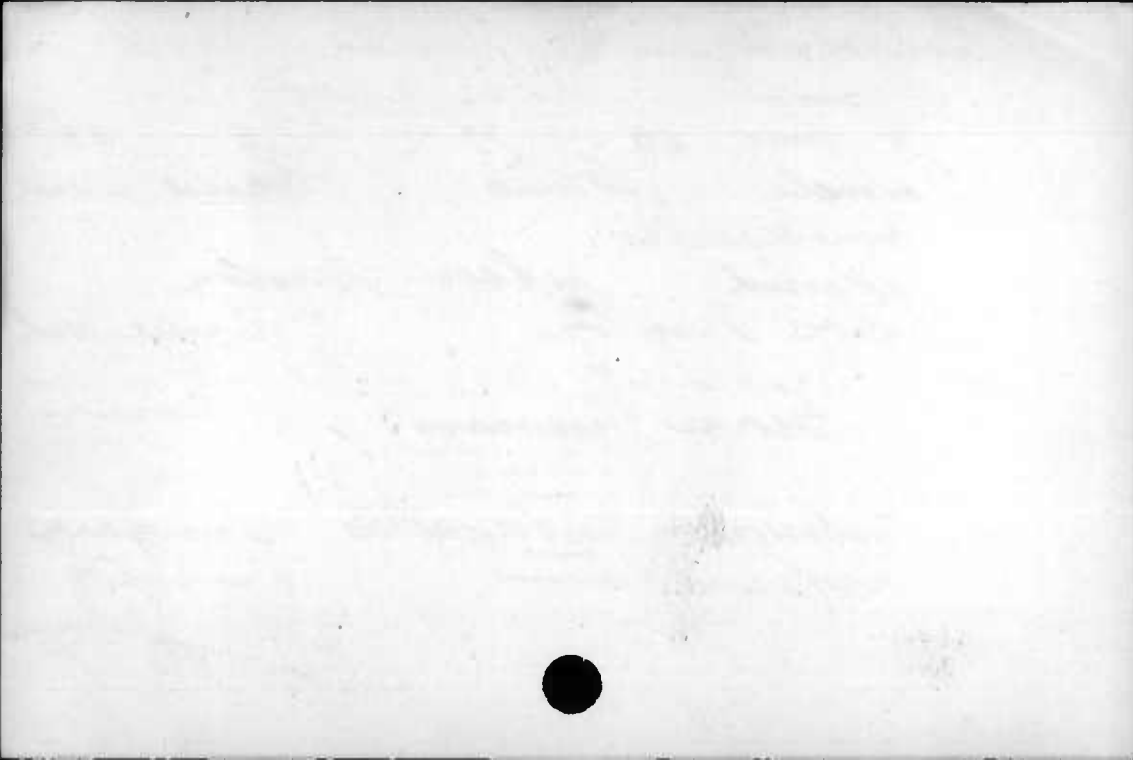
Father's Name *James Munson.* Father's Birthplace *Pr. Geo. Co. Md*Mother's Maiden Name *Mary L. Butler.* Mother's Birthplace *Pr. Geo Co. Md.*Name of person giving information *James Munson* How related to deceased *Father*

CAUSES OF DEATH

Primary *Insanition.* 179 How long *6 months.*Immediate *1 month.*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *E. D. Hurt, M.D.*Address *Pricataway, Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Susan Elizabeth - Naylor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1908	Month	June	Day	20
				Age	79	Years	5	Months
				Days	28			
		Sex		Female	Color or Race		White	Birth-place
Occupation		Housewife		Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband				
		Judson Naylor						
Father's Name		Thos. Naylor		Father's Birthplace		Orme Ind		
Mother's Maiden Name		Judson		Mother's Birthplace		Orme Ind		
Name of person giving information		George Truman		How related to deceased		Niece		
				CAUSES OF DEATH		27		
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long		
				One year				
		Immediate		Typhoid fever		How long		
				6 weeks				
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. Martin Truman
		no		Address		Agassco Ind.		
Accident or Suicide?		no						



Name
in
Full

Elizabeth I da Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

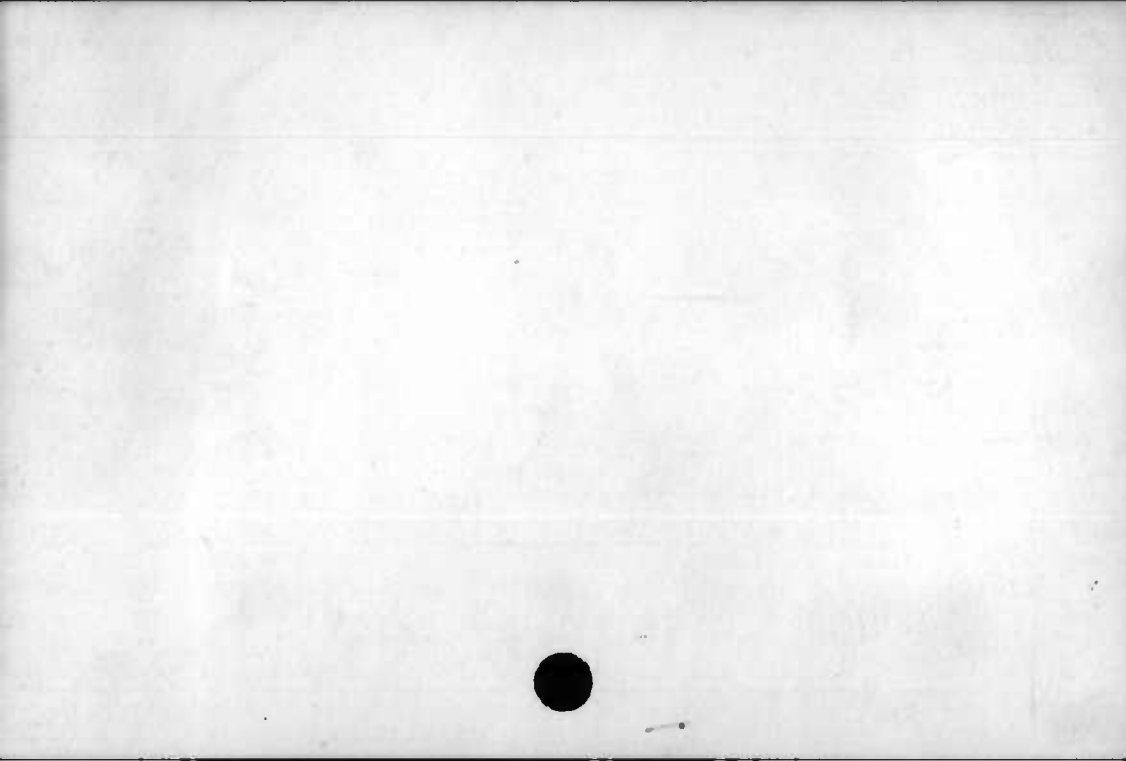
Died at		Town Brandywine		County Providence		MARYLAND	
Date of death		1908	Month 6	Day 9	Age 41	Years 3	Months Days
Sex	female		Color or Race	colored		Birth- place	MD
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Henry Newman			
Father's Name	Mily. Paster					Father's Birthplace	MD
Mother's Maiden Name	Ellen Butler					Mother's Birthplace	MD
Name of person giving information	Archie Newman					How related to deceased	Son

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Not Known
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John A. Cor
			Address	I.B.
Accident or Suicide?				MD



Name

In

Full

George J. O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Capitol Heights* ^{Town} *Prince George* ^{County} *MARYLAND*

Date of death *1908* ^{Month} *June* ^{Day} *28* ^{Years} *1* ^{Months} *4* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *None* Where Residing if not at place of death *—*

~~Married~~, Single or Widowed Name of Wife or Husband *—*

Father's Name *Charles T. O'Connor* Father's Birthplace *Va.*

Mother's Maiden Name *Norah Murphy* Mother's Birthplace *Va.*

Name of person giving information *Charles T. O'Connor* How related to deceased *Father.*

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

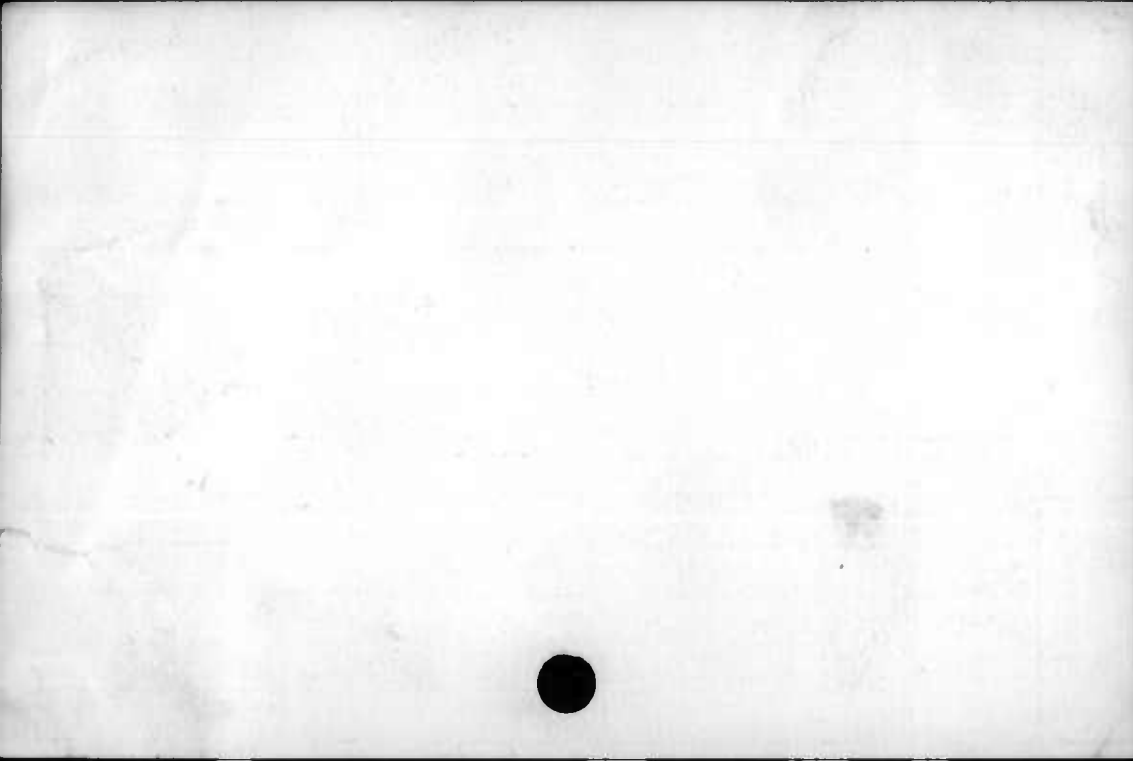
Primary *Erysipelas* How long *About 4 days*

Immediate *Hyperpyrexia and Toxemia* How long *About 4 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. A. Schoonover*
Address *Benning*
D. C.

Accident or Suicide? *—*



Name
in
Full

Laura Overend

CERTIFICATE OF DEATH

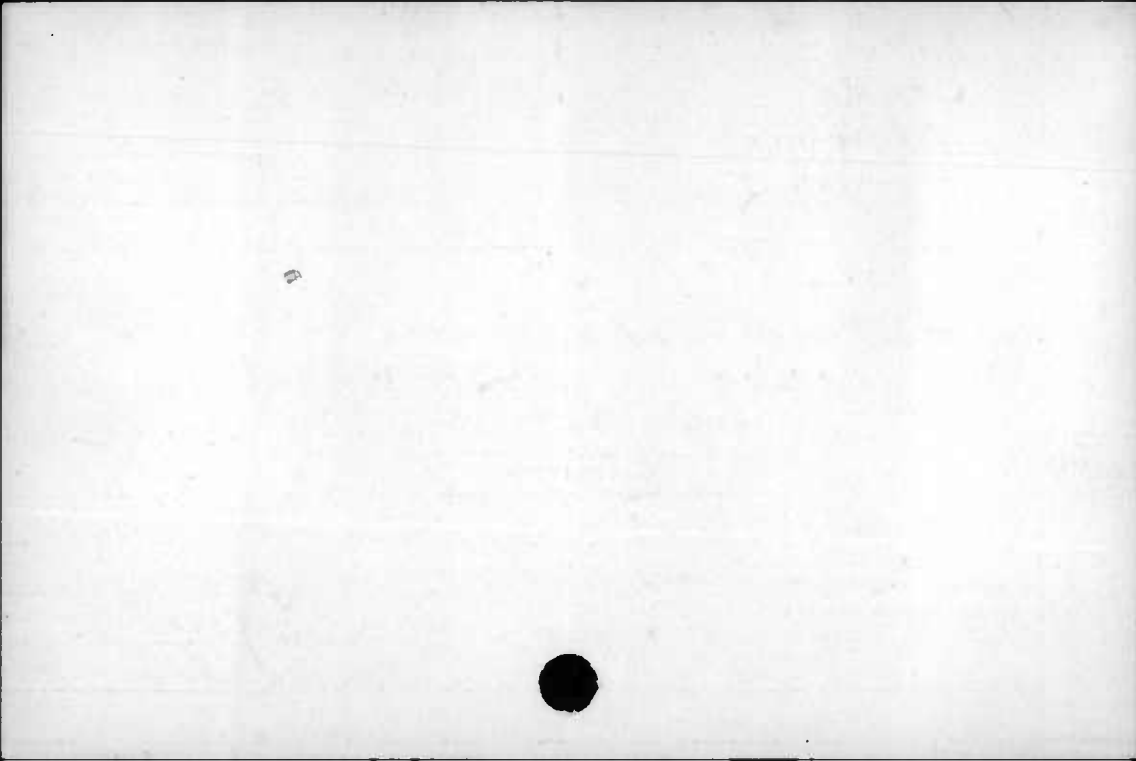
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hall</u> ^{own}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>June</u> ^{Day}	<u>19th</u> ^{Years}	<u>40</u> ^{Months}	<u>1</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Coloured</u>	Birth-place	<u>Maryland</u>
Occupation	<u>House work</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Thomas Overend</u>		
Father's Name	<u>Synatimus Rumbles</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Thomas Overend</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

Primary	<u>Tuberculosis right lung</u>	How long	<u>6 months</u>
Immediate	<u>Inhalation</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>H. J. Hunter</u>
		Address	<u>Hall, Md.</u>
Accident or Suicide? <u>—</u>			

PHYSICIAN
OR CORONER



Name
in
Full

Elba Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

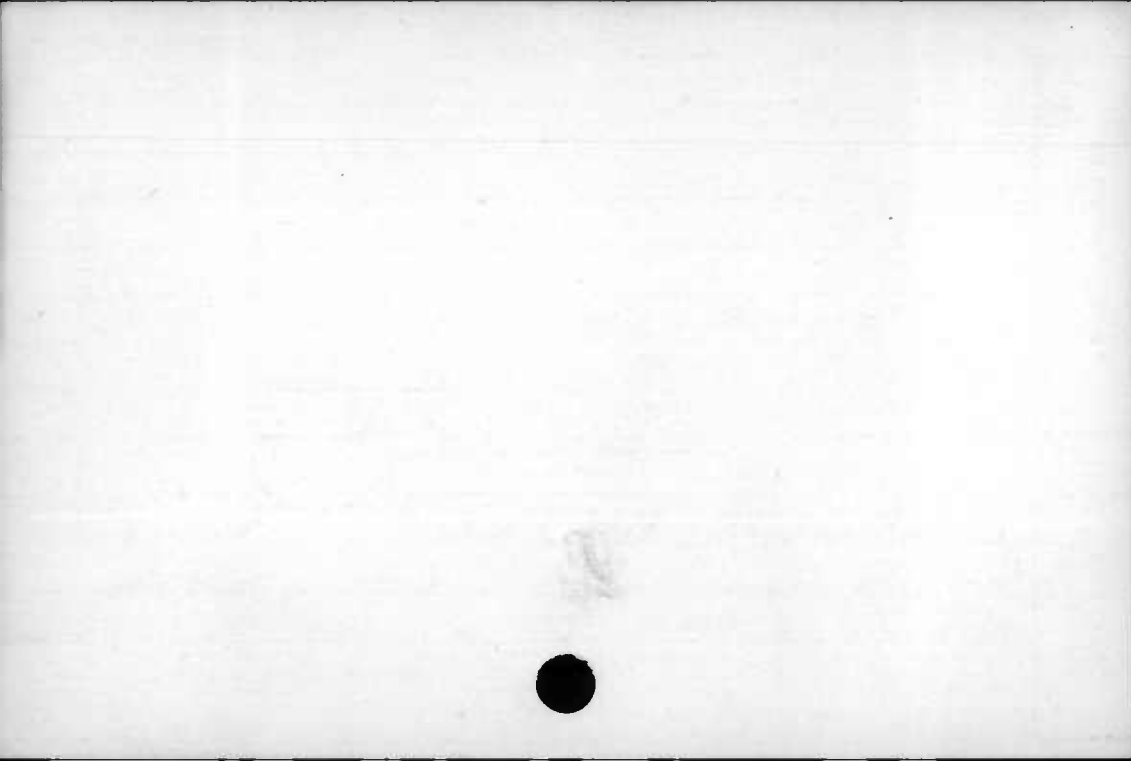
Died at <u>Ason Hill</u> <small>Town</small>		<u>Pr. Isles</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>June</u> <small>Month</small>	<u>14</u> <small>Day</small>	<u>12</u> <small>Years</small>	<u> </u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Md.</u>
Occupation	<u>Scholar</u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u> </u>			
Father's Name	<u>J. Douglas Payne</u>			Father's Birthplace	<u>Md.</u>
Mother's Marden Name	<u>Annie Payne</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving In formation	<u>Annie Payne</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

46

PHYSICIAN
OR CORONER

Primary	<u>Chorea, Acute Rheumatism</u>	How long	<u>3 weeks</u>
Immediate	<u>Acute Spinal Meningitis</u>	How long	<u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>R. A. Taylor</u>
<u>Yes</u>		Address	<u>Annapolis D.C.</u>
Accident or Suicide? <u> </u>			



Name
in
Full

Daniel Jacob Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

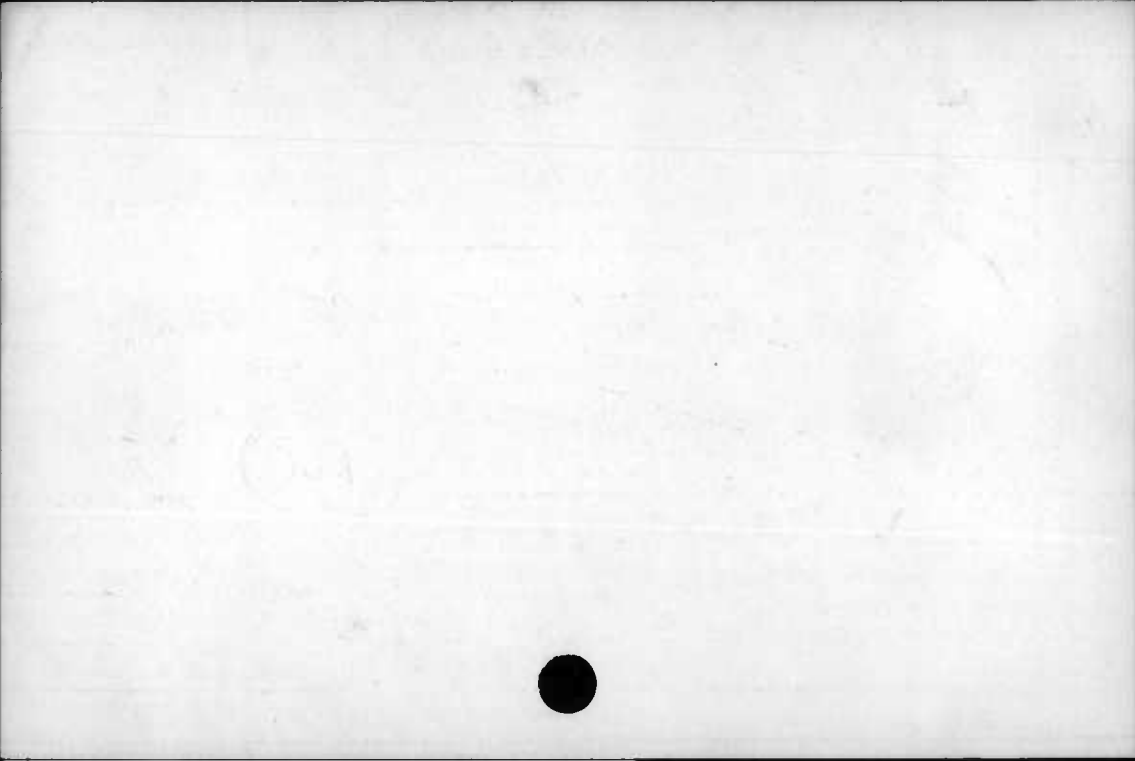
Died at ^{Town} Hyattsville		^{County} Prince George		MARYLAND	
Date of death	1908	Month	June	Day	22
Age		74		Years	no
Sex		Male		Color or Race	white
Birth-place		London County Va.		Months	no
Days		no		Occupation	Retired merchant
Where Residing if not at place of death					
Married, Single or Widowed		Widowed		Name of Wife or Husband	
Mary Elizabeth Porter					
Father's Name		Jesse Porter		Fether's Birthplace	
Don't know				Don't know	
Mother's Maiden Name		Don't know		Mother's Birthplace	
" "				" "	
Name of person giving information		Horace W. Whittaker		How related to deceased	
Son-in-law					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis	How long	unknown
Immediate	Uraemia	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Isidore Katermer M.D.	
Address		Hyattsville Md	
Accident or Suicide?		neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sent Pleasant</i> ^{Town} <i>George</i> ^{County} <i>MARYLAND</i>	
Date of death <i>1905 June 29</i>	Age <i>3</i> Months <i>3</i> Days <i>—</i>
Sex <i>Female</i> Color or Race <i>White</i>	Birth-place <i>md</i>
Occupation <i>none</i>	Where Residing if not at place of death
Married , Single <i>Single</i> or Widowed	Name of Wife or Husband
Father's Name <i>Andrew Schullz</i>	Father's Birthplace <i>md</i>
Mother's Maiden Name <i>Lula Carrick</i>	Mother's Birthplace <i>md</i>
Name of person giving information <i>Walker Carrick</i>	How related to deceased <i>Uncle</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>acute Indigestion</i>	How long <i>1 day</i>
Immediate <i>Paralysis of functions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Samsbury</i>
	Address <i>Forestville Pkts md.</i>
Accident or Suicide? <i>Neither</i>	

S E Fowler
Superintendent of
St Mathews burying
ground. Md.

I enclose

405 H & N R

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

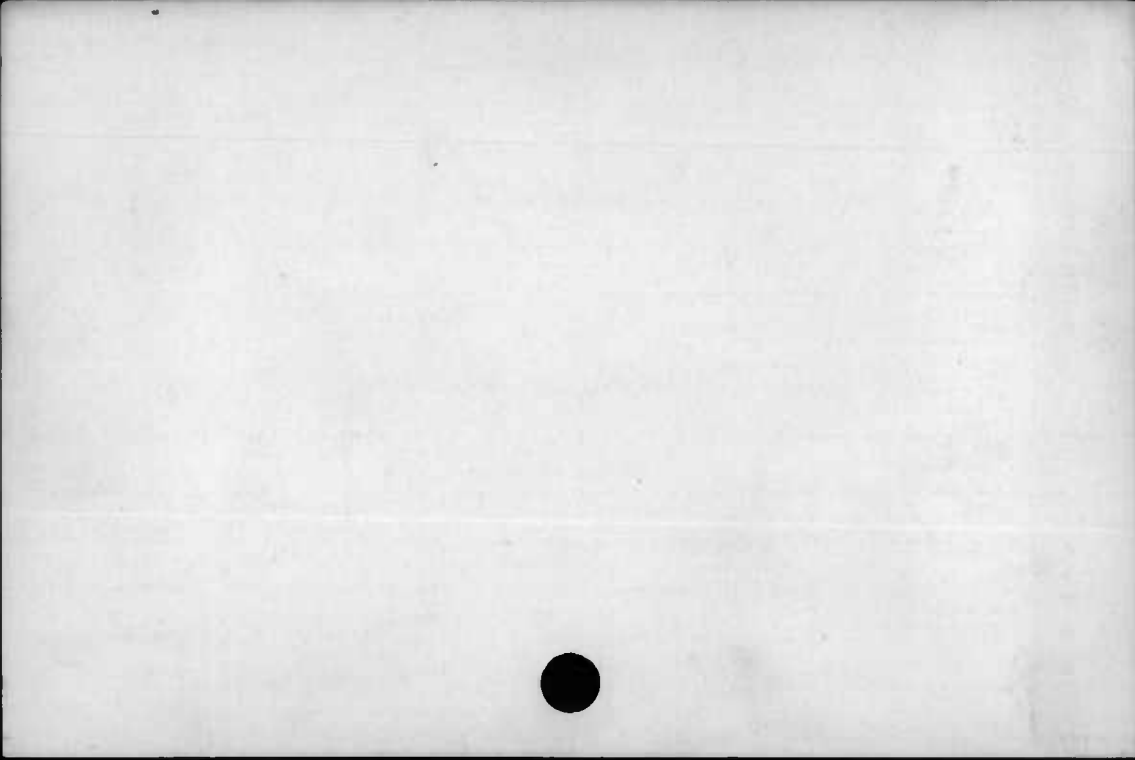
Died at <i>Bladensburg</i>		Town <i>Pr</i>		County <i>Md</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>23</i>	Age <i>0</i>	Years <i>3</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Bladensburg</i>				
Occupation <i>none</i>	Where Residing If not at place of death <i>at home</i>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>James Simpson</i>	Father's Birthplace <i>Pr - Geo's</i>						
Mother's Maiden Name <i>Sarah Alice Taylor</i>	Mother's Birthplace <i>Washington D.C.</i>						
Name of person giving information <i>James Simpson</i>	How related to deceased <i>father</i>						

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>our work</i>
Immediate <i>Spontaneous</i>	How long <i>our work</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. G. Willis</i>
	Address <i>Hyattsville D.C.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

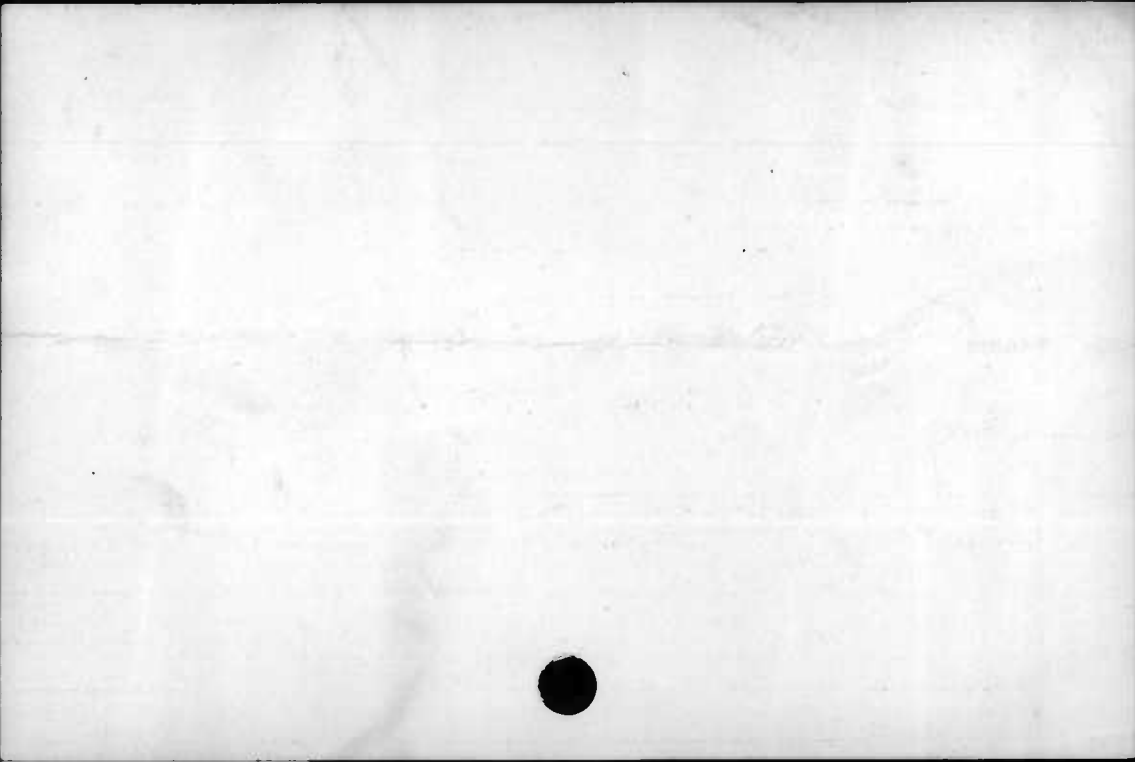
Name in Full <i>Clarence Alexander Smith</i>		Town <i>Hyattsville</i>		County <i>Prince George Co.</i>		MARYLAND	
Died at <i>Hyattsville</i>		Month <i>June</i>		Day <i>6th</i>		Years <i>64</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>6th</i>		Age <i>64</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Months <i>1</i>	
Occupation <i>None</i>		Where Residing if not at place of death		Days <i>13</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Alexander Smith</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Bessie Eliza Coker</i>		Mother's Birthplace <i>Massachusetts</i>					
Name of person giving information <i>Clinton Du Val</i>		How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 days</i>
Immediate <i>Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. T. Willis</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>no</i>	<i>MD.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Rudolf Smith*
Piscataway ^{Town} *P. H.* CountyDate of death *1908* ^{Month} *June* ^{Day} *13* Age *—* ^{Years} *—* ^{Months} *10* ^{Days} *—*Sex *Male* Color *—* Race *—* Birth-place *Md*Occupation *None* Where Residing if not at place of death~~Married~~, Single or ~~Widowed~~ Name of Wife or HusbandFather's Name *Unknown* ✓ Father's Birthplace *—*Mother's Maiden Name *May Smith* ✓ Mother's Birthplace *Md.*Name of person giving information *John M. Smith* How related to deceased *Uncle*

CAUSES OF DEATH

104

Primary *Gastritis* How long *6 mo.*

Immediate

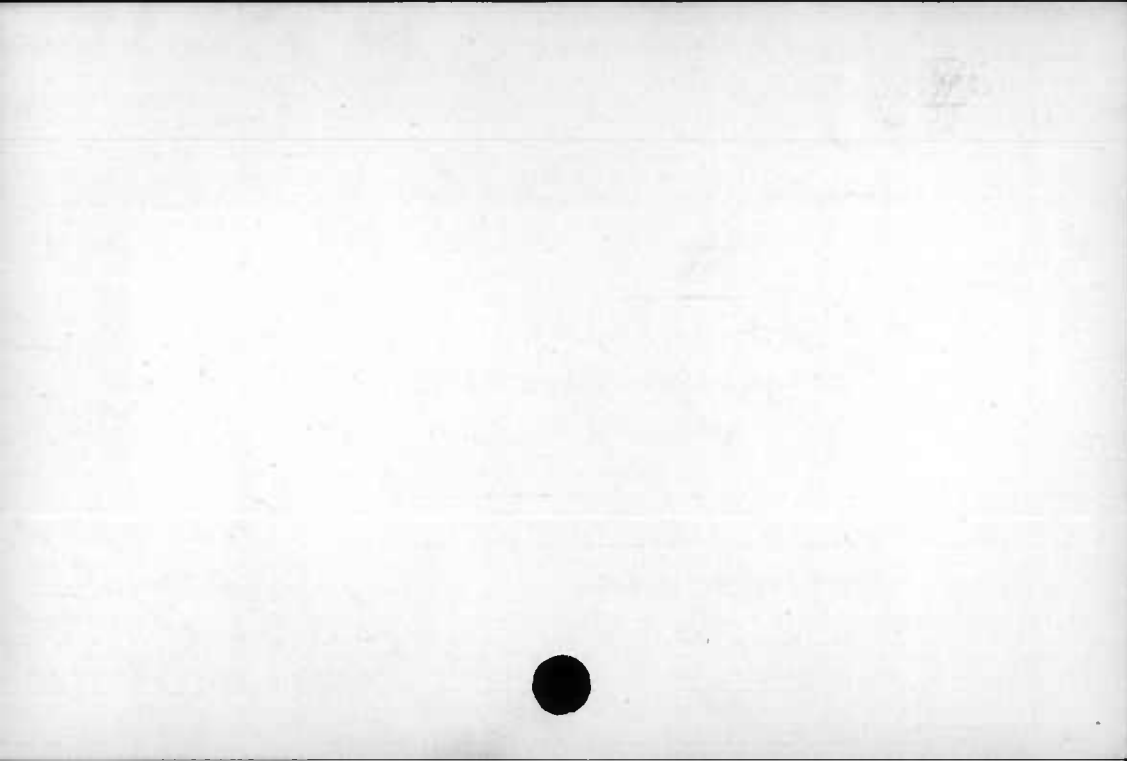
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Lizzie Spencer

CERTIFICATE OF DEATH

Died at Meadow ^{Town} Prince George ^{County} MARYLAND

Date of death 1908 ^{Month} June ^{Day} 7 Age 6 ^{Years} 6 ^{Months} — ^{Days} —

Sex Female Color or Race Black Birth-place md

Occupation none Where Residing if not at place of death —

Married, Single or ~~Widowed~~ Single Name of Wife or Husband —

Father's Name Joseph Spencer

Father's Birthplace md

Mother's Maiden Name Florence Brooks

Mother's Birthplace md

Name of person giving information Joseph Spencer

How related to deceased Father

CAUSES OF DEATH

8

Primary Whooping Cough

How long 1 month

Immediate convulsions

How long 10 minutes

Are the name, age, sex, color, date and place correctly given above? yes

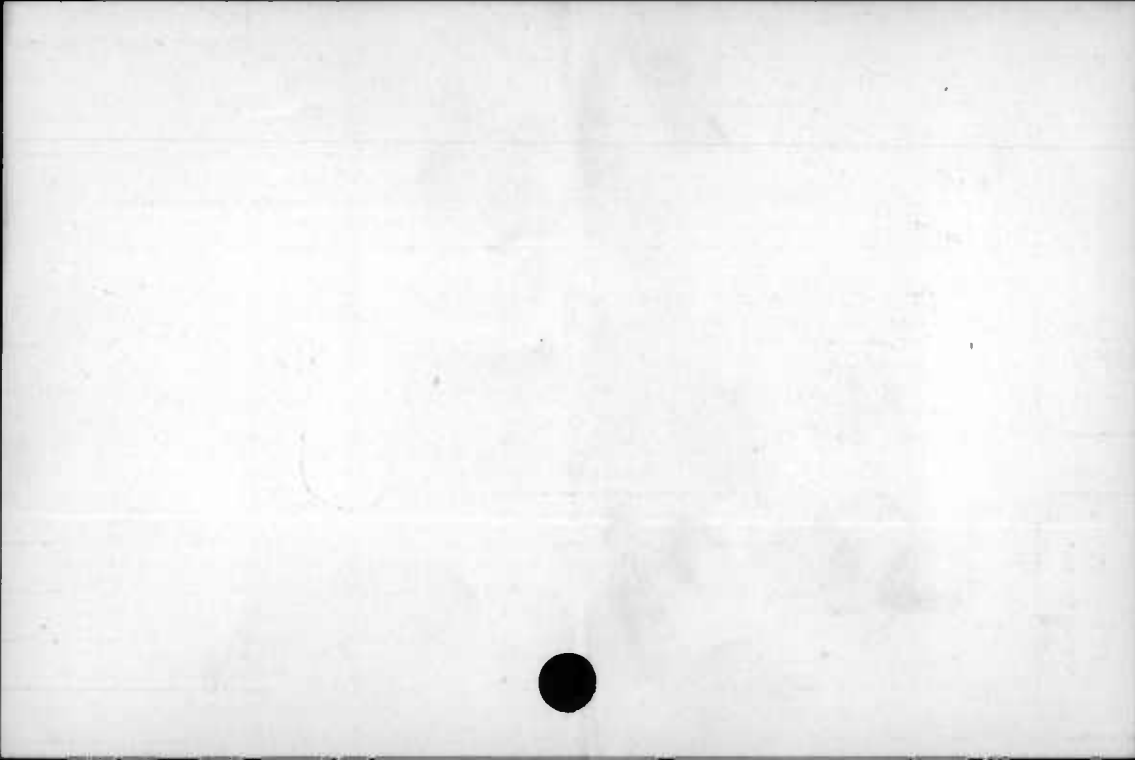
Signature of Physician

Address

Accident or Suicide? neither.

John E. Sausbury MD
Frederick md
No Phys-in attendance

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

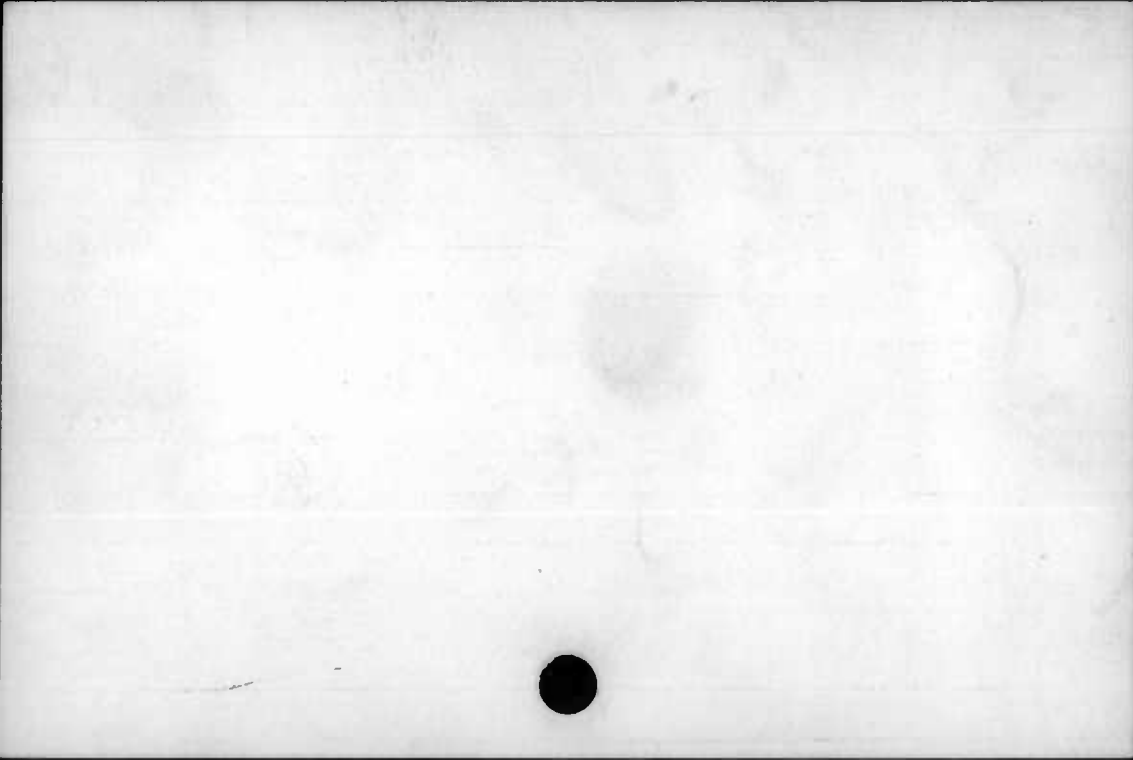
Name in Full <i>Mary Sprankel</i>		Town <i>Laurel</i>		County <i>Prince George</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 June 18</i>		<i>Unknown</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Government Clerk</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>one year</i>
Immediate	<i>Apoplexy & Paralysis</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Amelia R. Deane, M.D.</i>	
		Address <i>Laurel, Saint Ann's</i>	
		<i>Laurel, Md.</i>	
Accident or Suicide?			



Name
in
Full

Mary Elizabeth Steever

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

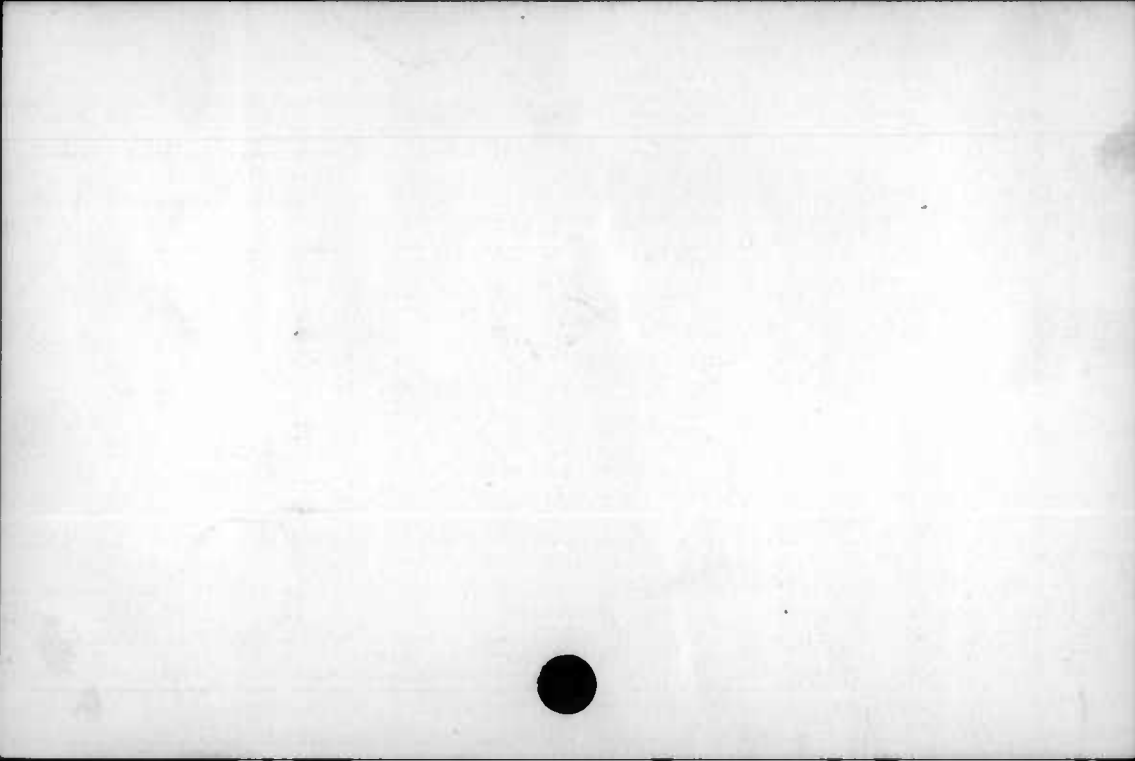
Died at		Town Hyattsville		County Prince George		MARYLAND	
Date of death	1908	Month June	Day 29	Age 57	Years	Months —	Days 8
Sex	Female		Color or Race	White		Birth-place	Baltimore Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Henry Inger Steever			
Father's Name	James Winfield Gray				Father's Birthplace	Md.	
Mother's Maiden Name	Susannah Winfield				Mother's Birthplace	Md.	
Name of person giving information	Lamer W. Steever				How related to deceased	Daughter	

CAUSES OF DEATH

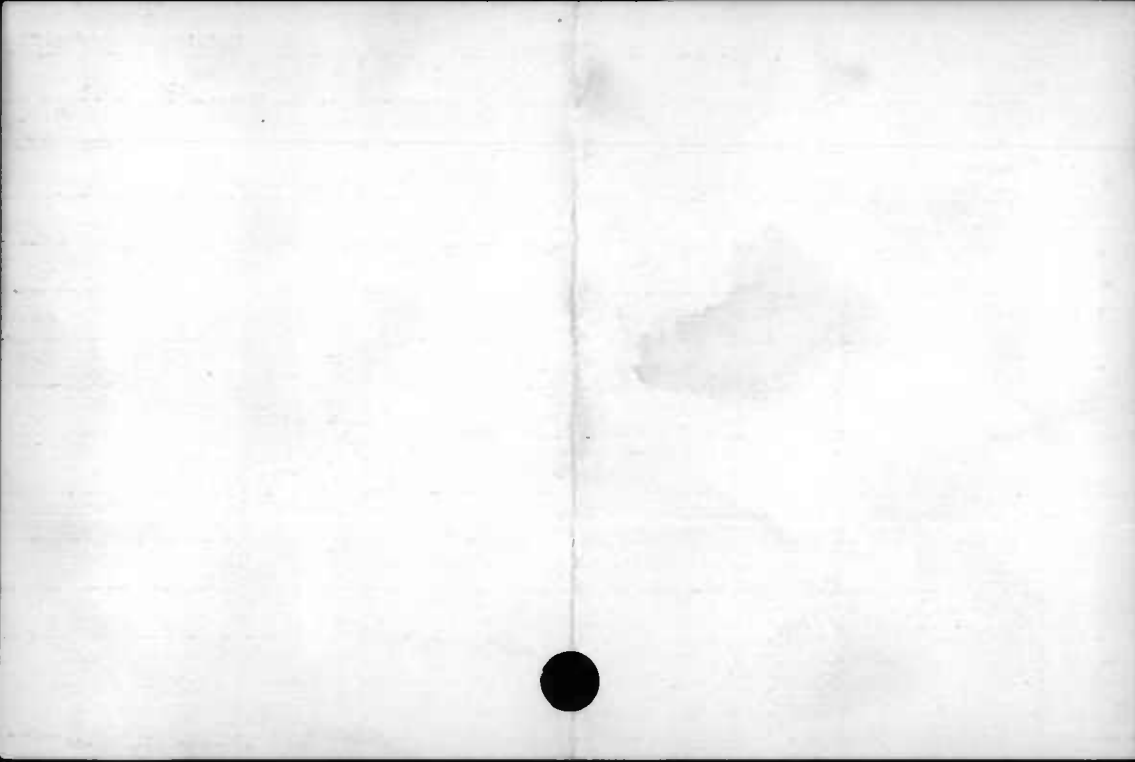
120

PHYSICIAN
OR CORONER

Primary	Nephritis		How long	unknown
Immediate	Exhaustion		How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Isabel H. Hatter	
			Address Hyattsville Md.	
Accident or Suicide?		Neither		



Name in Full <i>George Wm Stein</i>		Town <i>Berwyn</i>		County <i>Pr. Ind.</i>		CERTIFICATE OF DEATH	
Died at <i>Berwyn</i>		Date of death <i>1908</i>		Month <i>June</i>		Day <i>23</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Bates. Md.</i>		Months <i>—</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>		Years <i>53</i>		Days <i>27</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary C. Stein</i>		Father's Name <i>Fredrick Stein</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Augusta Sivers</i>		Name of person giving In formation <i>Mary C. Stein</i>		Mother's Birthplace <i>Germany</i>		How related to deceased <i>wife</i>	
		CAUSES OF DEATH		64			
Primary <i>Chronic Endocarditis & Atherosoma</i>		How long <i>3 hours</i>					
Immediate <i>Cerebral hemorrhage</i>		How long <i>3 hours</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. H. Hume</i>		Address <i>Berwyn Md</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

Raymond Eugene Stewart.

no 1
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Seabrook ^{County} Pr. Geo.Date of death 1908 June 22nd Age 1 Years 7 Months 19 Days

Sex male Color or Race white Birth-place Washington

Occupation infant Where Residing if not at place of death Seabrook

Married, Single or Widowed ☒ Name of Wife or Husband

Father's Name Harry Gordon Stewart

Father's Birthplace Ohio

Mother's Maiden Name Lillian Mae Stewart

Mother's Birthplace Maryland

Name of person giving information Lillian Mae Stewart

How related to deceased mother

CAUSES OF DEATH

Primary Pertussis

How long Seven months

Immediate Asthma & Diphtheria

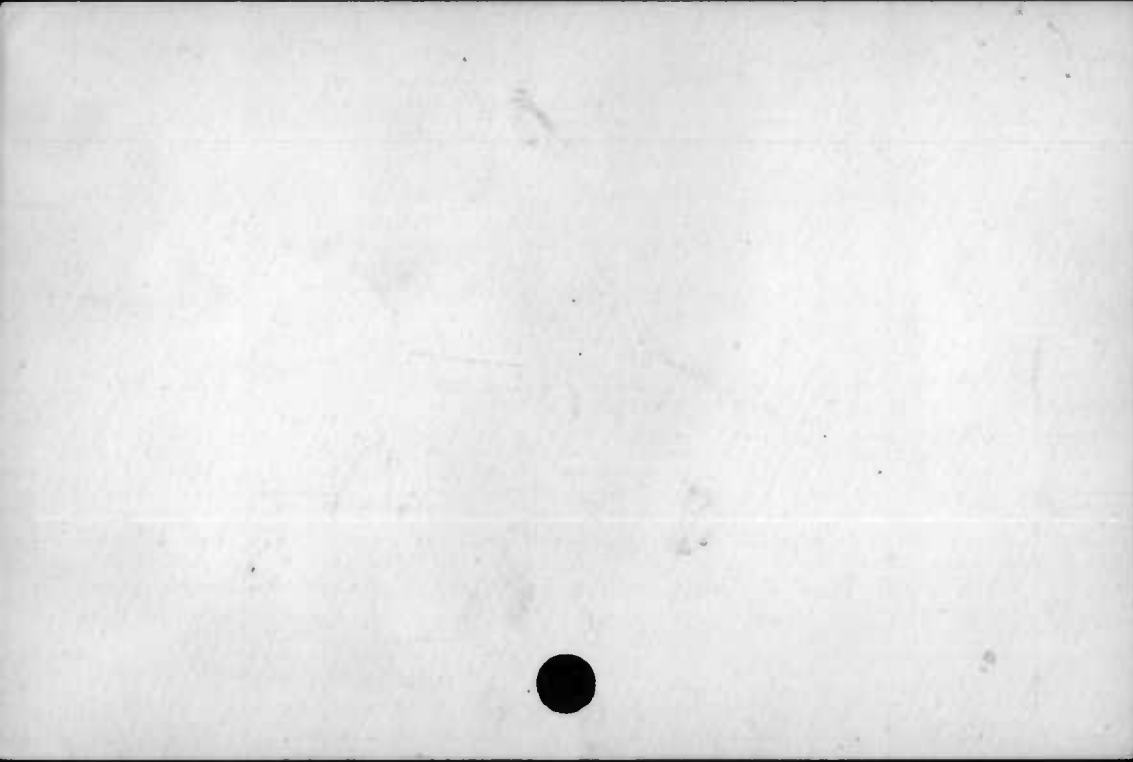
How long

Are the name, age, sex, color, date and place correctly given above?

Physician of Address

J. K. Wall M.D.
Springfield

Accident or Suicide?



Name
in
Full

Annie R. Sturgis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Seeland</u>		Town <u>Dr. Seeland</u>		County		MARYLAND	
Date of death	1908	Month	June	Day	6	Age	—
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>near Seeland</u>		Months	4
Occupation		Where Residing if not at place of death		Days		15	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace		How related to deceased		Father	
Name of person giving information		W. H. Sturgis		W. H. Sturgis		W. H. Sturgis	

CAUSES OF DEATH

105

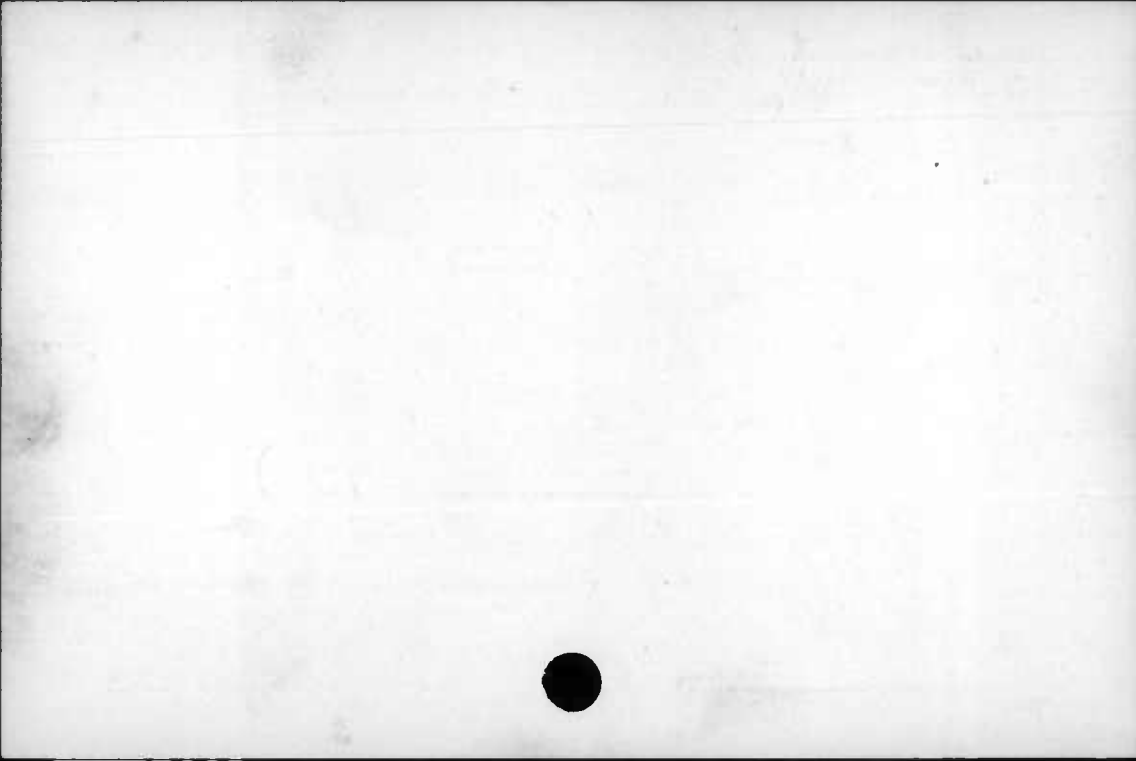
PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	

Cholera Infantum

5 days

L. A. Liffitt
Upper Marlboro
Md



Name
in
Full

Samuel Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mitchellsville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>June</i> ^{Month}	<i>13</i> ^{Day}	<i>79</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>		Color or Race <i>Negro</i>		Birth-place <i>Prince George</i>	
Occupation			Where Residing If not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mariah</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Agnes Thomas</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

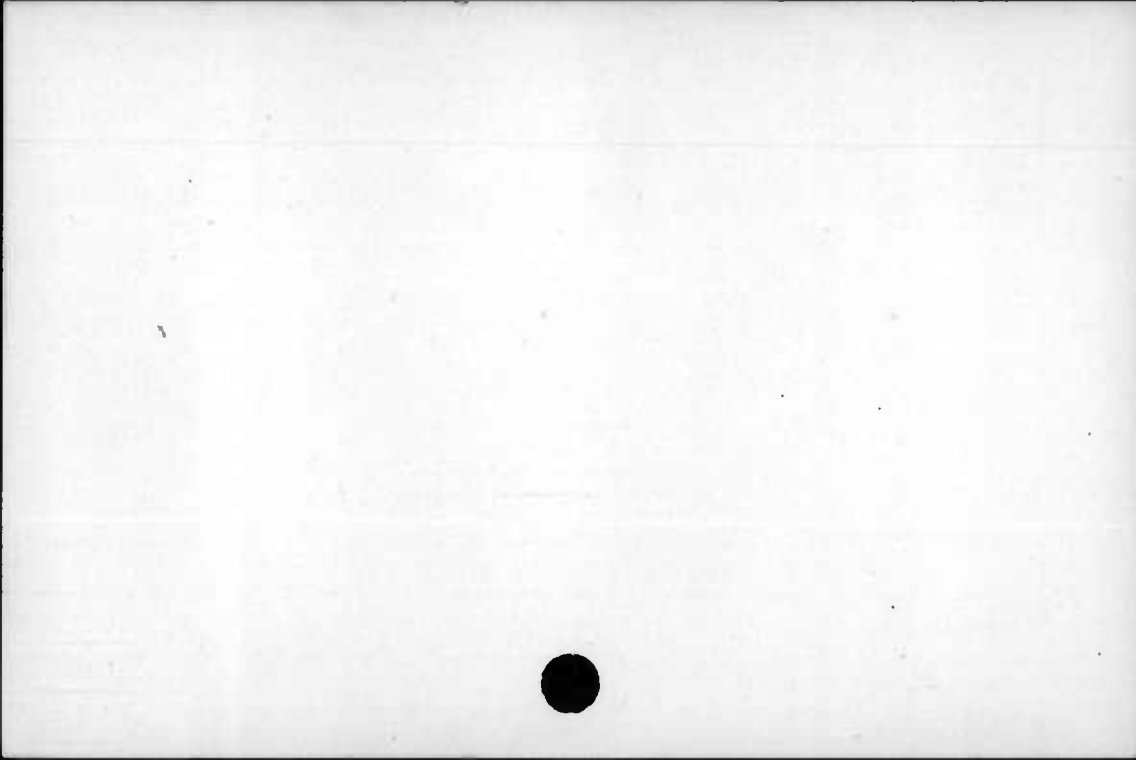
154

PHYSICIAN
OR CORONER

Primary	<i>old age + Rheumatism</i>	How long	<i>many years</i>
Immediate	<i>Pulmonary Congestion</i>	How long	<i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Peach M.D.</i>	
		Address <i>Mitchellsville Md</i>	
Accident or Suicide?			



Name in Full		Allan Matthew Thorne				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Piscataway		P. S. County		
		Date of death		1908	Month	June	Day	22
				Age	4	Years	6	Months
							18	Days
		Sex		Male		Color or Race		White
		Occupation		None		Birth-place		P. S. Co.
		Where Residing if not at place of death						
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Mr. O. J. Thorne		Father's Birthplace		
		Mother's Maiden Name		Catherine Raum		Mother's Birthplace		
		Name of person giving information		Mr. Thorne		How related to deceased		
						father		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Diphtheria		How long		
				Paralysis		How long		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		C. D. Hunt.		
				Address		Piscataway		
		Accident or Suicide?				Md.		



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Glendale</i> Town		<i>Wood</i> County		MARYLAND	
	Date of death <i>1908</i>	Month <i>June</i>	Day <i>14</i>	Age <i>—</i>	Months <i>—</i> Days <i>—</i>	
	Sex <i>—</i>	Color or Race <i>White</i>	Birth-place <i>Glendale Ind.</i>			
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Ernie Wood</i>	Father's Birthplace <i>P. G. Co Ind.</i>				
	Mother's Maiden Name <i>Marion Ware</i>	Mother's Birthplace <i>P. G. Co Ind.</i>				
Name of person giving information <i>Ernie Wood</i>	How related to Deceased <i>Father</i>					
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<i>Stillborn</i>		<i>(S)</i>	How long <i>—</i>	
	Immediate	<i>—</i>			How long <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur D. Wall M.D.</i>			
			Address <i>Springfield Ind.</i>			
	Accident or Suicide?					

Upper Marlborough By
Frank Wood

Name
in
Full

CERTIFICATE OF DEATH

Lula Winters

Town

County

Died at near Laurel Prince Geo

MARYLAND

Date of death 1908 June 26 Age 28 1/2 Years 30 Months 26 Days

Sex Female Color or Race white Birth-place Prince Geo Md

Occupation Where Residing if not at place of death near Laurel Md

Married, Single or Widowed Married Name of Wife or Husband F E Winters

Father's Name Richard A. L... Father's Birthplace Prince Geo Md

Mother's Maiden Name Harriet B. Beall Mother's Birthplace Prince Geo Md

Name of person giving information George W. Baker How related to deceased Brother

CAUSES OF DEATH

27

Primary Tuberculosis How long 4 months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. F. Taylor

Address Laurel Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY.
NEAREST FRIEND

Died at		Town <i>Wheatfield</i>		County <i>P.F.</i>		State <i>MARYLAND</i>	
Date of death		Month	Day	Years	Months	Days	
<i>1908 June 10</i>				<i>68</i>			
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>	
Occupation	<i>Housework</i>		Where Residing if not at place of death		<i>Home</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Unknown</i>					
Father's Name		<i>Unknown</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name		<i>Unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information		<i>Unknown, request by</i>			How related to deceased <i>"</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Age of this cancer</i>	How long	
Immediate	<i>Unknown</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. Waring</i>	
		Address <i>Chilmark</i>	
Accident or Suicide?			

